REGIONAL REVIEW

Supplement Number 1, 1979 Conference Report Number 68

THE CHALLENGE OF BLINDNESS

Planning, Training and the Provision of Services for the Visually-Disabled

REPORT OF THE CONFERENCE HELD AT JESUS COLLEGE, CAMBRIDGE 3rd – 5th JULY, 1978

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THE CONFERENCE WAS OPENED BY

The Baroness Vickers D.B.E.

PROGRAMME

MONDAY, 3rd JULY

Chairman for the day: **Mr John Wall**, Chairman, Southern and Western Regional Association for the Blind.

Speakers: **Mr Tom Parker, O.B.E.**, General Secretary, National League of the Blind and Disabled – *"What the Blind Want"*.
Mr Ralph Cox, Principal, Socially Handicapped Division, Department of Health and Social Security – *"A View from the Elephant"*.

TUESDAY, 4th JULY

Chairman for the day: **Mr George Willson**, Head of Training and Rehabilitation Department, Royal National Institute for the Blind.

Speakers: **Mr John Chant**, Director of Social Services, Somerset – *"Social Work and Social Services for the Visually Handicapped: a Director's view"*.
Mrs Audrey Cruickshank, Social Work Education Adviser, Central Council of Education and Training in Social Work – *"Current Training"*.
Mr Eric Walford, Southern Area Representative, National Association of Social Workers for the Blind – *"Self Help – Desirable or an Indictment?"*.
(There was a discussion on tape about the academic contribution introduced by **Dr John Armstrong, B.Sc., Ph.D.**, of the Blind Mobility Research Unit, Nottingham University.)
Mr Walter Thornton, O.B.E., Chairman, National Mobility Centre – *"The Contribution of Mobility Training"*.

WEDNESDAY, 5th JULY

Chairman for the day: **Mr Robert Greenhalgh**, Principal, Employment Rehabilitation Centre, Torquay and Vice-Chairman, Partially Sighted Society.

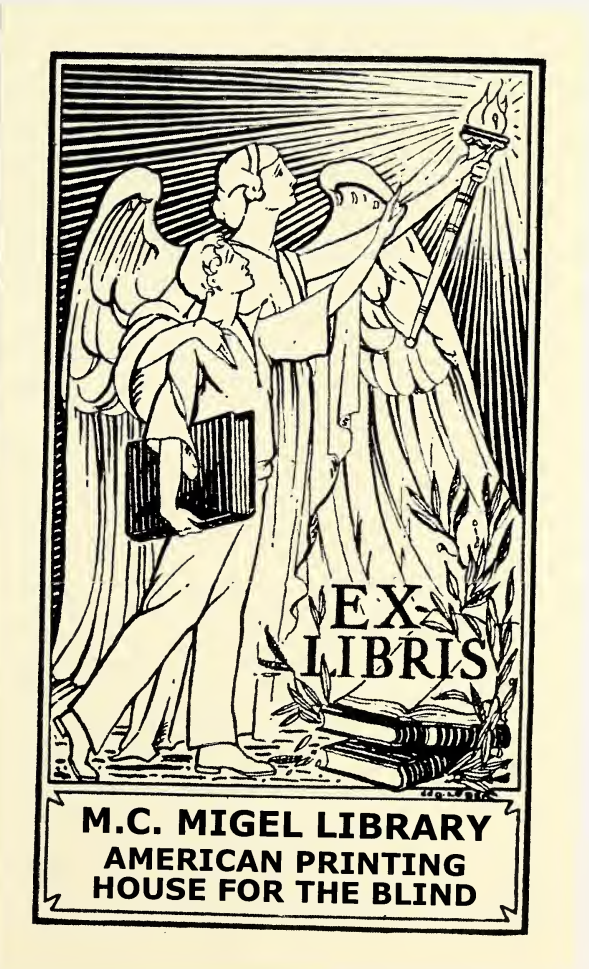
Speakers: **Mr Philip Parkinson**, General Secretary, Royal Leicestershire, Rutland and Wycliffe Society for the Blind – *"A Voluntary Association for Today"*.
Mr Nicholas Hinton, Director, National Council of Social Service – *"What Contribution can Voluntary Organisations make Today?"*.

The Conference had divided into groups on the two evenings: a report on the discussions of each group was presented by a member.

Mr W. E. Douglas, Committee Member, West Sussex Association for the Blind – *Employment.*
Capt. R. Hazan, Assistant Public Relations Officer, St. Dunstan's Organisation for the War Blinded – *Training.*

Miss Monique Raffray, Tutor/Editor, Southern and Western Regional Association for the Blind – *The Voluntary Role.*
Mr R. C. Vawda, Senior Assistant, Services for the Blind, Birmingham Social Services Department – *The Statutory Role.*
Mrs Jo Deaper, County Secretary, Hampshire Association for the Care of the Blind – *Leisure.*
Mr J. Benoy, Development Officer, Services for the Visually Handicapped, Northamptonshire Social Services Department – *Education.*
Miss M. E. Guest, Adviser for the Visually-Handicapped, Derbyshire Social Services Department – *Fieldwork.*

After the summaries had been heard, **Mr Robert Greenhalgh**, the Chairman for the day, presented the conclusions of the Conference and suggested recommendations. These were accepted.



Opening

The Baroness Vickers, D.B.E., opened the Conference with the following remarks:–

I was delighted when I was invited to open this seminar. I felt that it was a great honour, particularly in view of its name – "The Challenge of Blindness". I would suggest that all of you in this room have accepted that challenge, and a great many of you have conquered it. I felt, therefore, that the title was particularly apt.

Recently, I heard a story about two old men, one clever, one stupid. The stupid one had a plot of land on which he could grow nothing, for in front of it was a hill that cut off the sunlight; so he started to dig the hill away. The clever one said, "You are a stupid old man. You will never dig that hill away." The other one said, "It will be done, for I will start it and others will continue – my sons, my grandsons and my great grandsons." Hearing this, an angel, admiring the old man's spirit, came down from heaven and made the hill disappear. Now I am not going to suggest that miracles are going to happen to you but I am sure that those who have faith and continue trying to achieve something will be successful in the end.

Many of you, within your own lifetime, must have witnessed great improvements. It is disappointing that there is no blind person in the Houses of Parliament. I feel that there is a need for that. We once had Sir Ian Fraser, who later became Lord Fraser, and that was a great advantage to the blind world. Mr Jack Ashley has done a great deal for the deaf. He had a marvellous instrument introduced into the House to assist a deaf person to listen to the debates; and the House of Lords have something not quite as good but it means that they can take an active part in the House. Also in the House of Lords there are five paraplegics who take an enormous interest in legislation such as the Transport Bill. I believe it would be very advisable for you, if you cannot find a candidate, to appeal to someone on the Cross Benches to put forward your point of view.

I will give you an example. Recently, following several Parliamentary Questions, blind people have been allowed to have their dogs accompany them on night sleeper-trains but are required to produce a veterinary certificate of the dog's good health. Having to share a compartment with others, because I can only afford to travel second-class these days, I would rather like some of the individuals with whom I have travelled to have to produce one! Questions have been raised about this, for example, whether the owner of the dog has to produce a fresh certificate every time it travels. Now if there had been in the House someone taking a special interest in the blind, a point like that could probably have been settled straight away.

I have taken an interest in the blind since 1937 when I was a member of the then London County Council and was on what was then the Metropolitan Society for the Blind. At that time also I made provision in my will leaving my eyes to the Eye Bank; and I only wish more people would do so, because I believe that it is very beneficial – though I assure you I am not going to die just yet!

I also helped to set up the study of the question of work for the blind overseas. We then had the British Empire Society for the Blind, which is now the Royal Commonwealth Society for the Blind, which operates in 38 countries. It is based on the work that organisations like yours are doing in this country. I myself went to East Africa and Central Africa assisting in setting up the arrangements. I visited Tanzania and other places, and I was also in Malaysia. It is quite remarkable what is happening in these countries in relation to work for the blind.

Prevention is perhaps the main thing. We have recently heard so much about this and we have also in recent years been assisting those overseas in this field. Sir John Wilson, whom many of you may know – he was blinded at the age of 13 – is now the president of the World Society for the Blind. We know that certain diseases can be controlled, among them trachoma and operable cataract, although there are said now to be several million people awaiting cataract-removal operations.

One major question associated with blindness is malnutrition. I well remember visiting Singapore after the last war where I saw many former prisoners-of-war who were affected by blindness because they had lacked food while in captivity. Most of them recovered their sight. But the number of blind people in the world is increasing. There are now 40 million and it is anticipated that there will be more than 70 million in about ten years' time; so there must be work done on prevention. At present every year 100,000 babies are born blind in the world – a vast number of them in Bangladesh and Indonesia.

In this country 80 per cent of the registered blind are now of retirement age. In many cases, of course, apart from such causes as diabetes, blindness has resulted from the fact that many people are living to a greater age. For them we have to consider suitable leisure pursuits, such as gardening, which can give them pleasure in later life. I would suggest that the main basis of the challenge of blindness should be prevention, and I am sure that every effort will be made, particularly among all of you, to continue the good work that has been done in the past.

Another problem that still has to be overcome in some countries is superstition. When I was in Malawi I saw an old lady walking with sticks who was very picturesque. I wanted to take a photograph of her, because it would have been helpful for publicity. I got permission to do so but when I went to take the picture the young girl who was looking after her would not let me, because it appeared she was afraid of what might happen to the old lady. I understood this when in a shop round the corner I saw tins of salmon bearing a picture of a fish, tins of milk bearing a picture of a cow, and tins of "Black Mammy" pudding that had on them the picture of a black lady. The young girl had thought, apparently, that if I were to take a picture of the old lady she would be tinned!

It is said in the Bible, "He that lives in darkness shall see a great light". I am sure that from what you are all going to hear during this conference, you will all see much light, and I wish you every success.

What the Blind want

by Mr. Tom Parker, General Secretary of the National League of the Blind and Disabled

Since I was 16 I have been living with and among blind people and during that time I have met all kinds of blind people. People talk about organisations for the blind but blind people are just ordinary people who happen to have the common problem that they cannot see. Whenever we think in terms of what the blind want we must start dividing them into various age-groups. We have to educate people on this.

During the war I had to go to Leatherhead to get a young blind trainee who was being expelled not because of any wrong-doing on his part but because of his outside political activites. He was about 18 years of age and was a member of the Young Communists League – and at that time Russia was our ally! It was about this time that I realised that sighted people seem to regard all blind persons as being the same kind of people; yet blind people are as different from one another as ordinary people. Blind people are all different, with different needs. So we have first to start thinking about breaking blind people down into age-groups.

We have to start with the very young, who really require education. Today there is a great deal of argument about the provision of adequate education for blind children. I happen to believe, from experience, that when a blind person is applying for a job he or she has to be better than other applicants; because in spite of all the progress that has been made in changing people's thinking about the blind there is still a great deal of prejudice – not in a hard sense but based on misunderstanding.

Education must be the real starting-point. It must be fully adequate and thoroughly comprehensive; and here we encounter a wide division of opinion, even among the blind themselves. Some blind people believe that all blind children, without exception, should be thrown into the ordinary school system of the country, and talk about integration in the sphere of education. I am afraid I do not share that view. I believe that some blind children can benefit from being thrown into the general system; but I am quite certain that a great many others will receive a much better education in the kind of school where special facilities for the blind are provided.

I served for many years on an education authority during my time in local government. Every year we used to get requisitions from school heads covering what they required from the Education Committee, according to its budget for the following year. It was surprising how many times we had increased demands for visual display units, projectors and projection units, film slides, closed-circuit television equipment based on the school network and so on. I often wondered how a blind pupil would be able to manage in such schools; because those headmasters were looking at a situation where teachers were mainly responsible for maintaining discipline in the classroom, with the lecture material being provided by other means, through television and so on. This is an argument which really has to be tackled.

Those who are interested in what the blind want should be thinking of what is going to be the best for the blind. I was attending a joint conference of three organisations working for the blind – and a colleague present today was also present – at which many of those attending were teachers, lecturers and educationalists who had been educated in special schools for the blind. I asked how many of those present felt they had been successful in life in spite of, not because

of, their education. This is a subject which has to be thought through to a logical conclusion; because any experiment, whether with ordinary or with blind children, once launched is going to continue for some years and there may well be two or three generations of children sacrificed to that experiment. As I have said, a blind person seeking a job needs to have been better educated even to appear equal in capacity to sighted applicants for the job.

I know there are many people responsible for blind children who would like to see them able to go to an ordinary school, and to return home each night. Some have tried it. They may have been happy but they were not getting the education that they would have received from a special school. In the larger comprehensive schools there may be 30 or 40 pupils to a class with only one blind pupil in the class. Clearly, that blind child cannot receive the particular care and attention from the teacher that he or she should have, and would receive in a special school for the blind.

Then we have to look at the next group of blind people, those who are entering the employment field. Naturally, they are deeply concerned about their whole future. There are various fields of employment open to blind people in this country today. There is the area of sheltered work and there are expanding fields of employment in open industry; but these are open not only to blind people but to others. Anyone responsible for the placing of blind people in employment knows that it is more difficult to do so today than it was five or six years ago; but many blind people want the right to work. They want to become self-supporting and self-sufficient in themselves. That is something with which we have to deal, exploring not for them but with them the best ways of satisfying their wants in this direction.

Fortunately, new areas of employment are beginning to open up. New electronic aids are becoming available. The electronic age should mean the opening of quite new areas of employment for a great many blind people. Some of them are not only blind, but may have one or two other disabilities; so their needs are going to be much greater than the needs when I was 16, 50 years ago, because there will be more problems with which to contend than I had to contend with as a school-leaver. This aspect is certainly going to need a great deal of consideration not only by the experts but by the adolescent blind themselves. Sometimes, of course, they themselves are not clear what they want. They want to work because they want to start earning money but they are not quite sure in which direction they should aim. Therefore, those who are vocal and able to express themselves want to see the development of more efficient, more extensive careers guidance services in this country.

A fair amount is being done in this area today by the Royal National Institute for the Blind; but those associated with the RNIB will know the problems they face. The careers guidance officers at local authority level are not experienced in dealing with blind people. The Department of Education and Science is not prepared to help finance the RNIB in providing such a service; the department says this is something which the local authorities ought to be doing. All I am concerned about is not the argument as to who is to do it but the fact that it must be done by somebody. These children have more problems to contend with than all the school-leavers who are complaining today that they cannot get jobs, because they have to be able to demonstrate that although they may have this disability they still have something to offer to society if they are given the opportunity to do so.

Then we come to the middle group of blind people, those who have entered employment and are now getting on in years but who are no longer confronted with a situation where they have to work 44, 46 or 48 hours a week. I believe the

working week generally will become shorter as years go by. Either that or we are going to have to have a shorter working year or a shorter working day; because with the advance of modern technology machines are able to do much of the work that was formerly done by the human hand. We know that there are 1½ million unemployed today and if we are to achieve the same level of productivity with countries like Germany and Japan we must get the same amount of work done by far fewer people than are doing it today. So leisure is going to be of considerable importance, not merely in the lives of ordinary workers but in the lives of blind people.

I am finding now, going up and down the country, that blind people are themselves becoming increasingly interested in sporting and recreational activities. Here I would like to pay tribute to the Hampshire Society for the Care of the Blind, because among voluntary societies it has really pioneered the way in the provision of sporting and recreational facilities for blind people. More important than what that society is doing, however, is the fact that blind people themselves are now beginning to organise their own sporting and recreational activities. This is going to be an area of great development in the years that lie ahead.

This was being done in Europe a long time ago and we have a very long way to go to catch up with them. We have seen that the disabled can hold various sporting events, Olympics and so on, largely organised from Stoke Mandeville, and blind people are now becoming interested in all this.

In the last week-end in May over 300 blind people concentrated in Manchester for two days of sporting activities organised by the Manchester Games for the Blind Association. During the coming week-end there will be many blind people in London taking part in a blind athletics meeting. Edinburgh and Glasgow are sending down about 30 people to take part.

When I was a youngster as a blind person no one thought of providing any sporting or recreational facilities for the young blind. There were games like dominoes, draughts or chess, or card-playing. The blind were always associated only with indoor activities, never outdoor sports but they now go in for all kinds of things like cricket, football and bowls. Many of the people present, in their own areas working with the local authorities, could help to develop activities of this kind to meet the wants of blind people; because every time a local association for the blind can achieve success in this direction there will be a wish among neighbouring authorities to emulate it. Many local authorities in this country provide cricket-pitches and football pitches on which ordinary people can play, but how many of them are providing facilities for blind people? To them the idea that blind people can play cricket, football or bowls is so outlandish that local authorities feel no need to make such facilities available. I would ask you to consider that very seriously, because when we consider that the blind population of this country numbers 120,000, of whom only 10,000 are in employment, we see that a great many people are left with time which needs to be filled; and the best way of enabling them to do so is by ensuring that the leisure activities available to them are there to take away a lot of the boredom which is one of the inevitable consequences of blindness for far too many people.

We have the Talking Book service at the national level. We have seen the growth in the Talking Newspaper at the local level. These are responses to a need based on a requirement inside the house; but nowadays blind people want to get out. A competitive feeling is developing among blind people which I find greatly encouraging. For instance, the Glaswegians were proud that they walked away from Manchester with 10 gold medals.

There will always be a problem, though, because this type of leisure activity is costly and there is no doubt that it is imposing considerable strain upon the blind people themselves in trying to raise sufficient money to enable them to take part in these various competitions. One good thing is that the RNIB now has a full-time sports and recreation officer. He will be attending many international conferences. We believe that we are so far behind the rest of Europe in these facilities for blind people that we must attend these conferences so that we may even get within striking distance of catching up with them. There has been a team of blind people in Austria within the last few weeks, taking part in an international contest. The RNIB has financed a team to go to Poland. We are increasing air travel facilties for them.

Sporting and recreational activities for blind people are not just national. They are becoming more and more international but our performances are often pathetic because we started so late in this field. The young adolescent blind really want these recreational opportunities to be open to them and I do not see why a local authority which will spend a great deal of money on football pitches for sighted people and in providing equipment and facilities for many other sporting activities should not be equally prepared to provide at least some of these facilities for blind people; because blind people pay rates too, often for things that are of no use to them – like street lamps. We are not asking for too much when we say that some of the things we really want ought to be made available.

I would like to throw out a challenge to the voluntary socieities represented here today. You can help in this field; but do not do it *for* the blind people. Let them do it themselves, and you be there with a helping hand ready; but certainly the electronic age is bringing change for the blind and not only in relation to work but also in the leisure situation. You may know that the RNIB now has what it calls a Consumer Sub-committee one of whose terms of reference is to evaluate equipment being produced for blind people anywhere in the world. It is being obtained and evaluated to see whether it is likely to be useful because one cannot always rely on the "blurbs" about it, never really knowing whether this is just propaganda or genuine information. For example, with blind people now taking so much interest in yachting and boating, an audible compass has been produced. We have two on order at present, one for the tribe south of the Border, one for the tribe north of the Border. Work on this is going on at Portsmouth on this, largely resulting from the Hampshire Society's initiative in organising sailing courses.

The lesson we have to learn from all this is that blind people are wanting more and more to do the things that sighted people do; and this is the best way of integrating them. It is no good just talking about the integration of blind people into society. It is the blind people themselves who have to act. We cannot legislate for them. John Wall told you that I have been Mayor of a London Borough. I did not go into that Council feeling that I was being integrated. I would have gone in whether or not I could see. I went in to take it over! Dan West was the Mayor of his Borough, but I know he did not feel that he was being integrated. He just went in and led an ordinary life. There were others in other Boroughs (one of them was the Lord Mayor of Newcastle) but at no time was there a conscious decision to integrate. They acted just as they would have acted had they not been blind.

One of the things that blind people want today are the same kind of facilities that other people have for taking part in social and recreational activities.

Then we come to the last group of all, the old people, the elderly people. It is for them to tell us what they want. Many of them have been blind over many long years and they have seen the tragic changes that have taken place in the social

services. They want the old style Home Teacher back. There may have been some bad Home Teachers in the past but in the main they were good servants and many blind people will tell you that the Home Teacher, from experience, could often anticipate problems; whereas the modern Social Worker often moves in only after a crisis has occurred. The good Home Teacher, as a regular visitor, knew the individual, knew his or her weaknesses and strengths and was able to help, to guide and advise. Often, by doing so, he was able to prevent problems becoming serious.

Many of the older blind people today are lonely people. They used to look forward to a regular visit. It is no answer to say to them "If you need help you need only telephone the Town Hall". How can they when many of them do not even have a telephone? And probably three telephone boxes out of four in this country are in a vandalised condition anyway. This is something that badly needs attention. The challenge to society is that if we cannot get regular visits provided by Social Services Departments then somebody must ensure that the wants of the older people are met by their having regular visits from somebody – somebody who is interested in that blind person as an individual, not just as a "case". This challenge has to be met sooner or later by society if it is to maintain its reputation of being a caring society.

The last group of blind people are those whose condition requires that special sheltered accommodation be made available for them; and here again is a field in which argument is going on. It is difficult to know what the blind people themselves want. Some will say they want special homes for the elderly blind. One may find a few who want to be resident in an ordinary home for sighted people. In my experience, though, most of them would prefer to be in a home specifically designed for blind people, unless we can get a situation where there are going to be more blind than sighted people in an elderly people's home; because when there are one or two blind people in such an establishment, they complain that they tend to be overlooked, everything being designed for those who can see, like television sets. Often the blind person is left unattended, living a life of boredom. Frankly, I do not know the answer to this but I am certain that we could minimise the number of people wanting this kind of care and attention if we could ensure (a) that some of the boredom was taken out of their lives by increasing some form of visiting service and (b) ensuring that adequate recreational facilities are available for them.

I believe it could be cheaper for society if every blind person were given sufficient resources to enable him to buy and pay for the services which he needs, when he needs them, and not be given them when somebody else thinks he should receive them. We are quite certain that blindness in itself is an economic problem. I have often been asked, if I had the choice of being blind or deaf, which would I choose. I have never had any doubt that I would rather be blind than deaf. I think deafness involves terrible social sacrifice. Blindness is an economic problem, but socially one is not, or need not, be isolated.

Jack Ashley, M.P., went deaf whilst in Parliament. There is not a political party in this country that would have invited him to appear on the short list of a selection conference if he had first of all said that he was a deaf person. No party would have done so; but he was already a Member of Parliament and he has stayed there and is doing a very good job. Even Members of Parliament have some peculiar conceptions of blind people. We have been assured within the last six or seven weeks by Members of Parliament that all blind people get a blind pension in Britain. We asked them: "Why do you think we were here in May, 1,500 people asking for £10?"

There are lots of wants by blind people. Some could easily be made available.

Some of them will need the help of the Voluntary Associations and the Social Services Departments of the local authorities, and the Government; but I would say more and more people are becoming increasingly independent-minded and want to run their own show. They want to run their own sports clubs, their own recreation clubs. The only trouble is that it is more expensive for them, because they cannot attract crowds to pay gate-money for tennis, football or cricket matches; so their activities will always cost more than the activities of able-bodied people participating in the same kinds of sport.

I believe this is something in which you can help because it is not always a question of money. Different training techniques are needed, too; but we have to realise that whatever equipment is needed by blind people, even if it is heavily subsidised, it will always cost more than standard equipment.

To summarise, I would say that the blind child needs a better education in order to appear equal to sighted people when they leave school and start applying for jobs. I am what one might call a pessimist, though I rather think I am more a realist who believes that the employment position in this country, and the western world generally, is going to become worse before it becomes better. Therefore it is going to be more difficult for blind people to get employment, unless we can provide opportunities for them to contribute to society in ways which other people cannot. This must be the major challenge; because there are many young people who are not in work, who want work.

For the rest, there must be more facilities to fill those empty hours, hours of boredom which are inevitable unless the recreational and sporting facilities are available. We can meet these needs only by building an army of volunteers who will go along from time to time to visit the older people, on a regular basis.

I want to see active blind people given the chance which they want, and demand, to be able to do more and more for themselves, to organise things more and more for themselves; and to recognise that the world is now becoming a playground for ordinary people, and blind people want their world to be the same. I remember Jim Griffiths saying once in the House of Commons that with the development of air travel the world was becoming a parish before we had learned to live as neighbours.

A great many people in this country in societies for the blind, in organisations of the blind, in local authorities and in government departments need really to get down to the grass roots and finally accept that we should be talking not about "*the* blind" but about the 120,000 blind persons – because they are *persons*, they are different one from another, and their wants will be as varied as those of 120,000 able-bodied people.

A View from the Elephant

by Mr. Ralph Cox,
Principal, Socially Handicapped Division,
Department of Health and Social Security

My talk has the title "A View from the Elephant" which is a reference to the location of the Department of Health and Social Security in the Elephant and Castle district of London. The indefinite article in that title – "A View" – is not because the elephant is in any way indefinite but because what I am going to say represents only my own views, not those of the Department.

It seemed to me particularly useful, and welcome as far as I was concerned, to have an opportunity of talking to you all this afternoon because I feel sure that all too often civil servants, those of the Elephant and Castle among them, are somewhat anonymous. It is important that in a field of work of this kind we should all get to know each other as much as possible. Although elephants may be thick-skinned it is possible to goad them in the direction we want. My Elephant is often goaded, and is used to it, and sometimes even likes it; so please feel free to goad me.

I noticed that the initial letter announcing this seminar described its aim as "to produce a definitive statement on planning" and so on. That is one thing the Elephant cannot do. If this seminar succeeds in this I shall be surprised, because there are so many intertwined strands. These include the conomic state of the country, relative priorities between competing demands – schools, roads, defence, housing etc. – what particular local authorities do, and what other agencies do – such as the National Health Service and voluntary associations; ethnic, cultural, social, demographic and psychological factors and, of course, ever-developing attitudes and expectations.

I believe it would be a mistake to try to be definitive. Before I heard Mr. Tom Parker's speech – and what he said confirms my expectation – my belief was, that blind people do not have a firm ambition, not a fixed star in the sky at which to aim, but rather they wish for different things, bearing in mind, as he said so eloquently, that each blind person is different.

Let us first set the scene in the Elephant. I am a Principal which means that I am an administrator heading a small section of staff concerned with particular aspects of work. I am the only Principal in the Elephant for services for visually handicapped people; and I have other responsibilities as well, such as those concerned with the operation of the Chronically Sick and Disabled Persons Act, which I shall be glad to explain if anyone wishes me to.

These other responsibilities concern all disabled people; and they take up much more than half my time. I can illustrate this by saying that in trying to find time to prepare this talk at my office, immediate pressures on other subjects always stopped me. In desperation I stayed at home last Friday, but by 10 o'clock in the morning I had received a telephone call saying that it was essential for me to go back, again on another matter, inevitably concerned with Parliament; so I ended up preparing this talk last week-end. I am not telling you this for sympathy, though that is always welcome, but to explain why we often take longer than might be expected to do something.

I have two full-time members of staff. One is slightly less than half-time on visual impairment. The other deals always with other matters. My full-time assistant on blind matters is a trainee administrator, and I get a fresh one each year. I deal with the development of policy; with correspondence to the Minister, principally, as one might expect, with Mr. Alf Morris, the Minister for the Disabled; with parliamentary work, mostly questions and speeches and briefs for Ministers; and of course general correspondence, telephone calls, meetings, visits and the usual paraphernalia.

In all this I am associated with a client group team. I have two. That concerned with visual impairment consists of Sylvia West, whom probably most of those present will know as a specialist social worker, Dr. Frank Tait for adults, Dr. Shirley Fine for children, Dr. Richard Burns for links with special education, and John Tait, a nursing officer. In addition and as necessary, Dr. Guido Pincherle covers opthalmology, Dr. Jeremy Metters covers research management and John Grose-Hodge is our technology specialist. All of these except Sylvia West have other subjects in addition to visual impairment.

It may be thought that this brief description of our organisation is barely relevant to this seminar but I hope not, because plans have to be made by people; I believe we would all be much more effective in our work if we understood much more about the personalities, the background and the constraints affecting those with whom we have to deal.

Turning to specific topics, I ran through a whole range in my mind. The trick was to select those in which you might be most interested. I thought about the use of statistics – statistics of people registered and the care provided, statistics of incidence and causes of blindness, the value – or otherwise – of registration and the methods by which this is achieved, Form BD8, for example, and the forthcoming new form for children, which will be called "Notification of Visual Handicap (Child)". I thought about research. Dr. Cullinam's recent work at the University of Kent on the Epidemiology of Visual Disability, of the current research into possible improvements in the Braille code, of research into various aids, and so on, the contribution to the research effort by different organisations, the Department itself, the Royal National Institute for the Blind, St. Dunstan's and the question of customer control over research. I thought about the difficulty of determining relative priorities between competing needs, and the relationship between central and local government; to what extent we should seek to identify acceptable minimum national standards, how should they be fixed, how should we measure performance against standards, and who should do it. What should be done if standards are not achieved, how should services be financed and who should provide them, where do we draw a balance between the provision of services and the payment of cash benefits so that people can buy for themselves the things they want – a point mentioned by Mr. Tom Parker – how do we determine an individual's need or compare the urgency of needs between one person and another, how do we discover which people are in need; only some 45,000 partially-sighted people are registered but there are probably at least four times as many as that.

I thought about the operation of the Chronically Sick and Disabled Persons Act as it affects blind and partially-sighted people. A surprisingly large number of blind people, and social services staff at grass roots level, still seem to think that the provisions of Section 2 of that Act do not apply to blind people.

Where a local authority is satisfied that an individual disabled person is in need of one of the services listed in Section 2 of the Act they are under a statutory duty to meet that need. There is no question in the Act of relating this to resources. The

Act is silent on having the resources to do this. The operation of the Act itself, as one might have guessed, is an interesting topic particularly since the Court of Appeal decided on 9th May that the courts have no power to consider questions concerning a local authority's performance of its duties under that Act, and that the only remedy open to an aggrieved citizen is through the Secretary of State's default powers. I might have talked about that. The mind boggles at the idea of the Secretary of State implementing default powers because in the last resort that might end with the Secretary of State having direct personal responsibility for local authority services; and then where would all the local authorities be?

There has been justified criticism of the low vision aid services available through the National Health Service. We have been working on improvements and advice to health authorities. Although the NHS itself is outside my own sphere of work, you may well like to air some views which I can take back to another part of the Elephant. I have already mentioned Form BD8 in the context of registration, but some of you will know that we have run into problems of medical confidentiality about the transmission of information to people who are not doctors. These problems have held up the introduction not only of improvements to Form BD8 but also the issue of our new NVH (Child). I would certainly like to hear what you may have to say about, for example, the role of the specialist in community medicine, both for adults and for children, and the link between health, social services, education and employment in this field.

Staff training is, of course, essential and we have been having talks with the Central Council for Education and Training in Social Work about it. Also, the work of the Regional Associations is relevant here. Mrs. Cruikshank, who is to speak here tomorrow, is of course the expert on this, and responsibility for training matters rests with the Council.

I have long been concerned at the anomalous position of blind people in the national pattern for medical and social rehabilitation. It may be that because services to blind people got off to an earlier start, in general, than those for other categories of disabled people, and because of the massive contribution of voluntary associations, particularly the RNIB, it was thought unnecessary or even undesirable to include rehabilitation training for newly-blinded people as a routine provision of the National Health Service; but whatever the reason, a person who, for example, loses his legs is provided with the necessary aids and training to become mobile again by the NHS and the Department. A person who suffers brain damage is rehabilitated as far as possible by the NHS, and so on; but usually, a newly-blinded person leaves NHS care as soon as his wounds are healed and mobility training and social rehabilitation are, or should be, provided by the local authority often in conjunction with help from the voluntary sector.

The RNIB runs a residential course which is the main, and possibly the only, full-time rehabilitation course in the country but very often the blind person has to pay quite a significant sum towards the cost of his rehabilitation. Certainly, the RNIB, financed from private sources, heavily subsidises this. Should we not look again at this, and not just at the variations in practice between local authorities, including variations in charging policy? Should we not consider placing the rehabilitation of a blind person on the same footing as an amputee?

Most of you will have some experience of discrimination in one way or another. Because of the kind of people we are, I expect much of this will have been positive or favourable discrimination: but very often disabled people, including blind people, suffer negative and unfavourable discrimination. Everyone concerned with the welfare of disabled people will have done their best to fight against it. The Elephant

has tried to do its bit. I have had discussions with those who control holiday camps, dance halls, theatres and so on, and British Rail and other nationalised undertakings including the British Airports Authority and the Gas and Electricity Boards. We make progress. Our approach to Environmental Health Officers about the admission of dogs, when they are guide-dogs, to food premises and the recent concession on railway sleeping-cars are examples but the crunch question of policy is: should we take a broader and firmer line to protect the rights of disabled people?

Do we need some new legislation along the lines of the Race Relations Act or the Sex Discrimination Act? Perhaps we need something like the Equal Opportunities Commission, with expanded terms of reference, to protect the dignity of normal life in such things as employment, transport, housing and recreation. It has been suggested that a Disablement Board might be set up to consider complaints, including complaints against local authorities and after, say, two years to report on the desirability and nature of permanent legislation, including possible legislation. Do you think legislation would help, or is it primarily a continuing process of educating public attitudes?

The question of cash payments is a contentious subject for blind people at the present time. I have spoken of the need to bear in mind competing claims for the available resources. Organisations representing blind people believe that they have a good case for increased levels of benefit, and are in favour of a blind person's allowance payable in consequence of blindness. Happily for me, such payments are dealt with in yet another part of the office but I have an interest if I see, for example, local authority services short of funds and a proposal such as the recently-introduced non-contributory invalidity pension for housewives – which costs in the order of millions of pounds per annum and which may be deserved but which is limited in its application.

The Government's general strategy is to provide non-means-tested benefits which are available to the generality of disabled people on the basis of need rather than in consequence of suffering from a particular impairment. A farm worker who suffers from colour blindness is not so handicapped as a bus driver or airline pilot. An office worker who is confined to a wheelchair and lives with his family in a ground-floor flat is not so handicapped as a farm worker living in a tied cottage at the end of the lane. Equally, intelligence and other personality characteristics affect the degree to which a disabled person is handicapped.

It is for discussion whether the Government should have regard to the disability or the handicap. On the question of a blindness allowance, I believe the blind lobby feel that the disability is the factor. If we accept that principle in relation to blindness, should we accept it generally? Does an epileptic person get an allowance? Does a mentally-handicapped person get an allowance? Does a sufferer from multiple sclerosis get an allowance? Perhaps the alternative is a comprehensive disablement income; but if this were fixed at a reasonable level and paid to all disabled people – and definitions might prove difficult – of all ages, the cost could be very high and some might say this is not a sensible use of our limited resources.

Before leaving the subject of cash let me mention in passing two further developments, Motability and fares-to-work. Motability is a new voluntary organisation set up at the initiative of the Government to help disabled people to use their mobility allowance to obtain a motor car on better terms than would be available in the usual way. The fares-to-work scheme, operated by the Manpower Services Commission, has been operating for some time but will be revised from 5th July 1978 in two important ways. First, the means test is abolished, and secondly, it is extended to people in sheltered employment. The level of grant is

75 per cent of the cost of obtaining suitable transport, usually a taxi, and normally subject to a weekly maximum of £25 for a five-day week. I shall be glad to assist anyone wishing to have further information on these schemes.

Returning to services, there is one particularly hard-hit though fortunately small-group of people: those who are both deaf and blind. There are a number of reasons why this dual disability develops but the consequences of Rubella (German measles) in early pregnancy produced a minor epidemic in the late 1950s and early 1960s and is still, unfortunately, producing a few born with multiple handicaps, often including sight and hearing defects, to this day. The National Association for Deaf Blind and Rubella Handicapped estimates a total in the population in the order of 300, perhaps fewer. As these 300 are spread over the whole country, each local authority has only a few, perhaps only one or two, in its area and so is unable to provide the special arrangements necessary to support both the sufferer and the rest of the family. In some cases educational provision is exceptionally good but what concerns us all is what happens when the child leaves school. Then all too often progressive training stops. All too often parents carry the full brunt of the strain of caring for their child at home, with very little or no professional advice. Residential provision, where available, is generally totally unsuitable even to give short breaks to the family. We just do not know enough about the best way to treat and to train deaf/blind people.

In the United States there are a number of deaf/blind people who have obtained university degrees and are able to hold down positions of considerable responsibility. What has been done in the U.S. is more than we can do here and we must do much more than we are doing at present for deaf/blind people with ability. However, these will generally have been born with hearing and have learned to communicate normally to start with. The problems facing Rubella children are those of someone who is born deaf and blind and has to acquire an understanding of communication through other senses.

For them we must first concentrate on basic self-care, dressing, using the toilet, washing, eating and so on. It is unrealistic to expect each local authority at the present time to be able to employ sufficient trained staff for this work. Perhaps the answer lies in national or regional residential centres supplemented with short-stay homes for week-end or holiday breaks. As a first step we are providing capital funds for two centres, one to be built near Bath by the Royal National Institute for the Deaf and another near Peterborough purchased by the National Deaf Blind Helpers League and to be run by the Rubella Association. But who will pay the running costs? We hope, the local authorities. It is fortunate for this country that, with its system of autonomous local government responsible for the running of services, and consequently a central government which cannot provide services itself directly, we have a vigorous voluntary sector. Otherwise, there would be no way in which national centres could be established.

We hope to learn from experience gained at these two centres, and from research – including Dr. Simon's work at Lea Castle Hospital – how to develop more effective national provision.

I have already mentioned the value of voluntary organisations. In my view, these are so important that they must receive more than a passing reference. They are so well-known that I do not need to mention any by name but they include small local groups as well as the large, national organisations. Nicholas Hinton, Philip Parkinson and I imagine Eric Walford amongst others will be saying more about this, and it is only right that I, on behalf of central government, should say how much we value their partnership and, let us be frank, their leadership, very

often. We are chivvied and chided, provoked and sometimes bullied but I must say I have never known such a consistently responsible lobby and I am glad to acknowledge that I depend upon my friends in the voluntary sector for views on all the issues I face.

The Elephant does not forget but it can only remember what it has been told. Who better to identify their needs than blind and partially-sighted people themselves? There has been some pressure recently for us to establish some kind of committee to look into all aspects of services to blind people. I can understand this. Let me read to you a short paper I wrote a few weeks ago for consideration by our Research Liaison Group (our system for stimulating, "vetting" and approving research). Some of it will echo what I have already said:

> "There is a good deal of anecdotal evidence to suggest that the quality of services for visually handicapped people has deteriorated in recent years and that the reorganisations of health and local authorities and the establishment of social services departments following Seebohm have not provided for the necessary improvement. The arrangements for the co-ordination of health, social services, education and vocational provision at local level are not always effective but proper services depend heavily upon such co-ordination. There is often a lack of knowledge about the overall range of services available and who can, or should, do what. Seldom do the different authorities or professions concerned get together in a multidisciplinary case work conference setting, and where they do, there is evidence to suggest that very often the most suitable people do not attend. Specialist qualifications in employment for social services staff concerned with blind people are no longer the norm and local authorities tend to give these activities a lower priority in other groups with needs. Consequently, the local authorities will often employ less well experienced staff on this work than work with other groups."

I am sure that all those colleagues from local authorities who are present here are exceptions to the rule! Indeed, I do not suppose they would be here if they were not.

> "To a considerable degree the problems described above are not shared by other categories of physically handicapped people. For example, demonstration centres have been established with Departmental help as centres of excellence and as focal points for multidisciplinary work but they do not cover services for blind people. Rehabilitation, including the development of daily living skills, is provided under the National Health Service for someone who suffers from impaired locomotive function. But comparable rehabilitation for someone who has lost his sight is the responsibility of the local authority, very variable in quality and often virtually non-existent with waiting-lists for mobility training, for example, several years in length. Furthermore, when rehabilitation training is provided the local authority will often expect the blind person to contribute towards the costs involved. Finally, we have the challenge pointed out in the report on the Epidemiology of Visual Disability that too often visually handicapped people have been portrayed as a group for whom poor sight was assumed to be a sufficient explanation for all their difficulties. This view will not do. It is the elderly who account for at least three quarters of all visually handicapped

people and for many of these other disabilities are included and sometimes predominate. Poor sight and the problems it brings are no longer the business only of the optician and the opthalmic surgeon on the one hand and the social worker on the other. We must aim for the full co-operation of all those who can contribute to the needs of a particular person. The Department cannot issue guidelines until we know more about the relative advantages and possible alternatives. For example, should we encourage social services departments to employ specialists in various aspects of rehabilitation, or should these be a responsibility of the National Health Service? This paper seeks, therefore, to establish the need for research into the pattern of services for visually handicapped people, including the roles of the statutory and voluntary agencies concerned, the extent of the need for specialist skills in social services departments and the provision of rehabilitation services. We need to know such things as how each of the constituent parts sees itself fitting into the total scheme and how it sees the others; what different solutions have been tried, and with what results; what knowledge the staff possess about the services available from other agencies and how they use them, and how the delays and costs involved in rehabilitation affect the client."

I end by commenting that we are also involved with another research liaison group which concerns itself specially with children.

Let me just emphasise one or two points in that paper which I feel are often overlooked by planners. We need to know more about the size of the problem. The registers of blind people are probably an understatement of the blind population by some 40 per cent and registers of partially sighted people by a factor of at least four. Blindness is predominantly a condition of old age. Eighty per cent of the blind are in retirement and almost half are aged 75 or more. A majority of the people suffering from poor vision have additional problems. Fewer than half count poor sight as amongst their greatest troubles. They have other troubles like heart disease and arthritis so that their inability to see properly seems of little importance to them. We must, therefore strenuously avoid treating blind people as representing a homogenous group.

A good deal of the handicap associated with poor sight might be alleviated by quite simple measures such as improved home lighting or the provision of hand-magnifiers. I might add that this picture of the blind population helps to explain something of the value of generic social work training. Let us take the pattern of generic training into the realms of inter-disciplinary, inter-authority co-operation. The paper I have read mentioned my concern at the generally low level of co-operation in some quarters. I do not know of any opthalmologist or specialist in community medicine, or anyone from the National Health Service, unless they were amongst the late entrants for this seminar, who are present here. Am I wrong? *(There was no response.)* I did hear of one Social Services Manager (Health), though I am not sure what that means. I also saw reference to one Occupational Therapist. Otherwise, it would seem to me that I am talking to a rather one-sided audience, as far as the statutory agencies are concerned. That is a pity.

It is not just a question of the intrinsic need for all relevant disciplines to contribute to the development of a planned programme of care for each visually handicapped person. I am sure, for example, that much more needs to be made of joint finance; and certainly hospitals for mentally handicapped people have a

considerable proportion of visually impaired patients. I have visited such hospitals where the links with specialist social services staff are very tenuous; and I have visited some which do not have routine arrangements for screening patients, with the result that sometimes they have blind patients who receive no special training in respect of their blindness. Perhaps the voluntary organisations in the field of health could help here.

You may perhaps be thinking that I have spent all my time pointing to issues of interest and concern but have not suggested any solutions; and that is right. The Elephant does not have any ready-made solutions. The purpose of this session is to discuss the possibilities.

Social Work and Social Services for the Visually-Handicapped: A Director's view

by Mr. John Chant, Director of Social Services, Somerset

Perhaps I ought to begin by acknowledging that it was with some trepidation that I accepted an invitation to speak here. I think I can say without being immodest that the services provided for the blind in the county in which I work are generally well regarded but I would emphasise that this has very little to do with me. It is due to the quality and ability of the staff we have been fortunate enough to employ within the Department.

I want to make it clear that I do not possess any particular skill or expertise in meeting the needs of the visually-impaired. I work in an authority which has retained the use of specialist workers in the field, an authority where so far we have not had any swordplay between the Local Authority and the County Association; not that we agree and collude with one another on every single point but I believe we conduct our relationship in a constructive way, in a way which enables both parties to participate in the interests of those with whom we are concerned.

I would emphasise that the needs of the visually-impaired do not preoccupy my time; they do not preoccupy my time in the way that the needs of the elderly do because I am sure you are all aware that their needs are quite overwhelming; and in terms of the effort that has to go into planning and managing the ever-increasing gap between needs and resources. That is not an irrelevant issue, it is an important one because how we deal with that problem will affect the services which we can provide for every single client. So in that sense none of us can afford to be disinterested in the way in which we tackle the growing problems of providing adequate services to meet the needs of the elderly.

I am sure you will be aware that the services for children are bound up in a complex legal framework so that the very nature of our responsibilities and the interest of elected members, the general public and the media ensure that we have a constant preoccupation with our responsibilities in that particular field. There is constant lobbying on the needs of the mentally-handicapped and there is growing evidence that many social services departments are enjoying the opportunity to develop new approaches to the care and quality of life that our services can provide for that group.

The needs of the physically handicapped are presented in terms of their physical means and the need for more day centre accommodation; and though conscious of the shortfall in financial resources, the concern which preoccupies me is related to the difficulties which social workers seem to have in making an appropriate professional response to the personal, emotional and family problems associated with the handicapped.

It really is quite interesting to sit in on the appointment interviews of social workers. At a certain stage in the interview one asks, in a very low-key way, what particular interests people have. They will laugh in a rather hesitant manner and say almost apologetically "Of course, I am really interested in the problems of children and families". One then says, "You are interested in a situation where a man has

been involved in a road accident and has been left paralysed from the waist down; and you are concerned with the impact of that on his marital relationship, the socio-economic standing of the family, about how this affects his relationship to his 14-year old son and his 12-year old daughter?" – and the mouth of the interviewee drops.

This is one of the things that is most disturbing, or that I find most disturbing, in the social services departments. How incredibly difficult it is to help people to translate concepts and principles which apply generally in their work with one client group to the needs of another client group. One of the problems is that they put labels on people and by doing so, then condition the responsibilities to be provided. They meant that they would like to work with delinquent children, and to assist families having general difficulties in the management of their resources and life style. That has its significance in relation to the needs of the blind.

The other thing in relation to the services to the handicapped in general is that there is a growing tendency to regard the provision of practical services as meeting the total needs. All too often far too great a proportion of the effort of the social worker is used up in sorting out the tangle of bureaucratic controls which surround the services that we provide. An element of the problem is related to under-resource but there is a far bigger element in it related to the fact that we work in a local authority setting and that members expect to have very real control over the spending of public money.

I do not know how many of those present listened two or three weeks ago to the Sunday morning radio service. That is an unusual comment from me, for I do not profess to be a dedicated Christian: but I was very impressed to listen to the sermon during that service. I do not know the name of the parson who was taking that service but his theme was the parable of the labourer in the vineyard. He was concerned with the attitude of the labourers who were hired at nine o'clock and the attitude of those who were hired later – the old, the frail and the handicapped, who had not appeared attractive as workers to the man who was hiring the labourers. I really felt that that is an essential problem of social services departments, this ambivalence.

One hears people criticise the abuse of yellow badges by the disabled using motor cars. I get fed up with going to meetings of trades councils and local chambers of commerce, covering all sections of society, and with the angry letters in the press, complaining about the way the disabled are abusing their privileges while the critics themselves all appear to disregard other traffic regulations. The general public abuse traffic regulations on an enormous scale and then criticise a small minority of handicapped people – or more often, I suspect, their relatives – for doing so. We have to be conscious of such public attitudes in talking about provision in this field.

Those are the kind of issues which demand attention, certainly demand my attention as a Director of Social Services; and lastly, I consciously use what I call directorial interest to bring the needs of the deaf and the problems of alcoholism to the centre of the stage. I do that in relation to the deaf because I find their needs are the most neglected of all the client services we provide. I do it with the problem of alcoholism because I believe that to be probably the most serious social problem of our age.

What I have tried to get across to you as a Director of Social Services is that there are some things which by their very nature demand my interest and my time; but there are things like the deaf and the problems of alcoholism in which I choose to be interested because I know that my interest in those problems will generate

interest in them within the Department. I want to highlight to you that the needs of the visually-impaired are not something on which interest is naturally focussed. Certainly, in departments such as ours where we have continued to operate with specialist workers, social workers who work with the blind, I do not feel that the problems are pressing on a day to day basis. The real issue is not the service today but what is to happen in the future.

We have to recognise that there are two factors in talking about the planning and development of services for the visually-impaired. First, we have to provide opportunities for staff with appropriate skills to focus on the needs of this group. Secondly, we must have a planning system in relation to the provision of services and their future development. I do not subscribe to the view that planning and service divisions can be treated separately because, after all, today's services are the results of yesterday's planning and if we are not following our planning through to implementation it becomes totally wasteful. It can be depressing and certainly it is a problem of which I am conscious in my own department. There are perhaps very elaborate planning systems set up in joint planning activities, departmental working parties and a whole host of planning activities going on with the best intentions in the world, which one feels cannot come to fruition and must represent a wasteful use of our limited manpower and resources at the present time.

We have to think much more clearly in terms of how we can plan efficiently and effectively in terms of the use of our manpower resources. I want to emphasise that I do not think that the primary concern is the servicing that we are providing today, because if we make the usual unfair comparison with other client groups then, as far as my own authority is concerned, I would regard the general level of provision as good. In terms of a commitment and service given by the workers involved, very good. I wish to emphasise that point because one of the interesting things that we are beginning to see is that, where we can narrow the range of responsibilities that people are carrying, we get a much greater degree of commitment, certainly amongst Social Workers for the Blind.

An issue which concerns me and I believe must cause general concern is that we are living off our fat, and there is no doubt about that. We are living off our fat in the sense that we are living off the experience gained by specialist workers who in our case, for example, where trained with one exception a decade or more ago. We are very conscious that the sands of time are not on our side. All of us must feel that in the past the services for the blind compared favourably with those provided to other groups of handicapped people. At present they are best described as passive. In the future, unless we expedite our training policy and our service development programmes, they will become poor. Time is not on our side and unless we can get those things brought about within the very near future – and I am talking of a period of no more than two years – then I believe we really will get into a situation where the services to the visually-impaired will deteriorate, which could be quite frightening particularly to those living in areas where it is felt the services have already gone from bad to worse.

We must face the reality that the services provided for many handicapped people are hopelessly inadequate and that there are people who question the advisability of maintaining a pattern of service which is seen to discriminate in favour of those with visual disability. I find such arguments rather negative in that I believe that in practice they can be demonstrated to reduce the level of all services to mediocrity. What happens is not that the other services come up to the best of what the service to the blind was, but the service to the blind goes down to the worst of what the services for other groups of handicapped people were.

It has been suggested that I might use some of the time available to me this morning to sum up the emotive issues on the generic versus specialism argument. Genericism versus specialism is most often a matter of professional social work dogma. In professional terms I believe the argument can be seen as a valid one: but I would suggest to you that whilst only 45 per cent of the field social work staff in this country are professionally trained, the argument is largely an irrelevant one.

What is relevant is: what are the needs of the visually-disabled? We must recognise that perhaps the real problem is not the argument about pure social work theory but about how can we most effectively organise and deploy the services and skills which we have in the departments to ensure that the client gets a good service. That may seem a very simple and obvious statement to make but sometimes in social services departments we need to keep making it.

Certainly, if I look at my own personal experience in the field of the visually-handicapped over the past eighteen months or so I feel that they reflect the complexity of the issues involved. During the past year I have had a most interesting train journey with Colonel Mike Ansell, who may be known to some of those present. I had a long talk with him whilst his 17-year old niece was having a drink of gin which she swore to him was orange-juice, looking him straight in the face while she said it! That was a really fascinating train journey from Paddington to Taunton. He spent the time telling me about his success. I had a visitor to my office, a four-year old boy completely without sight, who was in our day nursery when he was not commandeering my office chair because he enjoyed swinging round in it. I have listened with interest and admiration to an eighteen-year old girl, who hopes to go up to Bradford University where she will be taking a degree course, explaining and demonstrating to me a fantastic device which is passed along the pages of a book and translates the words into a tactile sensation on her fingertips.

Three weeks ago I watched the enjoyment of a blind and spastic young man participating in the sports meeting for the mentally handicapped. I was welcomed back to work with a senior colleague in the Health Service who has virtually lost most of his sight in a road accident. I respected the skill of Susan, the blind shorthand typist in the pool who takes my letters and ties me up in knots in all that paper when my secretary is on leave. Lastly, I sensed the warmth and friendship of the blind and partially-sighted at their Christmas Party. To the outsider it would have looked very much like any other club or group of elderly people at that season of the year.

I wanted to describe those people for you because it seems to me that when we talk of welfare visiting, looking at those people, welfare in that context is quite irrelevant to their needs. For most of those people what seemed to me to be required was specific help and support in relation to the handicap which their impairment brings; and I suspect that this applies to many other visually-impaired people. They need special support at particular times, at the time of marriage, at the time when a baby comes along, at a time when they are considering their career options, at a time when they are considering retirement. It is at times like these that they need additional help. We are not talking of people who can be seen to be in any sense in a dependent role and who need a welfare interest from that point of view.

In this context the arguments about generic social work and specialist social work can be seen to be fairly unreal. The problem is to identify the needs that exist and then to ensure that we have invested in those fields to meet those needs, and to deploy them in a way that (a) makes them accessible to the people who need them and (b) does so in a way which enables the workers involved to feel a sense of

satisfaction from the job that they are doing.

If one regards the social work field as being one of a range of skills required, I wonder whether perhaps in a community setting it is not the role of the social worker, rather than the social worker's skill, which is important; because it seems to me that perhaps the role of the social worker is to ensure some continuity in terms of the rehabilitation programme, and to ensure some continuing linkage between the medical, educational, rehabilitative and vocational services. I leave with you the thought that perhaps it is the role, rather than a high degree of specialist skill which is important here.

We have to acknowledge that if we look at the ways in which social work is developing in most social services departments we have to face the reality that in general terms there is a fairly low level of interest, among social workers, in the needs of the handicapped and the elderly. That is a strange phenomenon because by far the greatest demands upon the Department come from those two groups. Something like two-thirds of the demands come in terms of the needs of the elderly and the handicapped, and yet we find that some two-thirds of social workers' case loads involve them spending time on the needs of children and families. I am not altogether sure why that happens: I believe the reasons are complex, related to public anxiety, legal complexities affecting one group of clients, and accountability. But this is also something to do with the kind of values social workers place on certain groups of client. Perhaps this needs to be examined and we need to ask ourselves why is it that, as a generalisation, social workers do not seem to be particularly interested in the needs of the handicapped.

It seems to me that the more we respond to those needs by providing practical things, the less interested social workers become. So I come back to my point about the situation of the man with a broken back and how this affects his family – seeing people as something other than in terms of the handicap which they are presenting.

If one sees the problem in the kind of dimension that I have been outlining, then in terms of my own perception, I would say there have been developments of specialist workers' skill and experience at second tier within the departments. I do not think for a variety of reasons it would be appropriate to encourage people to go into specialised roles on qualification. If we do so, we create the curious situation in which we have a specialist who has no experience. It is important that if we are to have specialisation, then that specialisation should be firmly set on a body of experience.

I am not convinced that the specialisation should be narrowly focussed on the needs of the visually-impaired. It should rather be focussed on the needs of the handicapped in general; but that person should have had some specialised training in the needs of the visually-impaired. That is what is important, because that person has also to work very closely with the Mobility Officer, with the Home Teacher and with the contribution that the Occupational Therapist can make. I think in future we will see a much broader development here. Over the next five years I believe we shall see a very significant expansion in the field of social education, and that we shall see further education becoming much more interested in the educational needs of handicapped people. We must be alert to this development and perhaps look to that quarter for some of the educational input and perhaps some of the specialist teaching which in the past has been provided by people from social services departments.

We have to look at mobility in its proper context. Mobility for mobility's sake is not likely to take people very far. We have to ask ourselves: mobile for what?

Unless we have asked ourselves that question we may not realise that while there are problems of motivation, there are also problems of frustration. We have to look at mobility in the context of people's vocational, educational and social needs and also in the context of their leisure activities. Certainly, I am happy that we should have had within the past eighteen months the development of cycling for the visually-impaired, boating holidays on canal boats and a very active bowling group – things which to someone who is not an expert would have at first sight seemed quite improbable activities for people with visual-impairment. These have been very well supported.

Those are key areas in relation to the younger visually-impaired. We must acknowledge that the main and growing problem of blindness is related to the problem of ageing and we must give careful thought as to how we meet the needs of that particular group. Certainly, working in a rural environment such as I do, one senses the innate conservatism in a non-political sense and the need for continuity which people regard as important. In such a case regular contact is perhaps more important than frequent contact. In professional social work terms such visiting of clients cannot possibly be justified. Qualified social workers could argue quite cogently that this would be an inappropriate use of their time and skills; yet from the point of view of the social services department, if one regards those services as an expression of the community's concern about the needs of its people, then it seems to me entirely appropriate that there should be some form of regular contact from the department with people who can be seen to be disadvantaged because they are elderly, frail or blind.

In that sense I would see the needs of those people being met by a combination of having Social Work Assistants with a special interest in that group working very closely with volunteers who, it would be hoped, would be supported either by a voluntary organisation or by what we have in several of our services, a Voluntary Services Liaison Officer, one of the tasks of that officer being to provide such support.

I would like to move off the subject of the social services department to a discussion of the voluntary associations and volunteers. Here I must be very careful because I believe the Chairman of our Voluntary Association is in the audience today! We must be very careful not to confuse the voluntary associations with the volunteers who are often the people who express interest and concern in the work that they undertake, valuable work in running social clubs, outings and holidays, all activities which are important to the quality of the lives of visually-impaired people; but the voluntary associations are the trustees of substantial sums of money donated by people who during their lifetime were concerned with the problems of the blind.

I am not being rude and facetious when I suggest that those people are never there so that in a sense the association does not have to answer to the people who made the donations, because often those people have passed on – and are not there to check the quality of what is being done. Certainly, if one looks at most voluntary associations one finds that their resources are extremely well husbanded, and that grants are made to help individual needs, which is an extremely valuable service.

At the end of the day, however, the purpose of an association cannot be to amass capital resources to provide funds for more or greater grants. Surely, the primary role of those associations must be to act as a watchdog on service provision. They must seek to identify the needs of the visually-handicapped which the social services are not meeting, to comment on the provision of services and to urge the

development of services. Such activity must imply greater participation by the visually-handicapped themselves; and perhaps the spending of money to carry out surveys of need, so that people have the information from which to argue for the appropriate development of service.

I have no desire to polarise the relationship between departments and associations, because that just leads to destructive situations. Having said that, let me add – please be conscious that many pressures are applied to those who hold the strings of the public purse and most of those pressures are applied in favour of keeping them tightly drawn. Whatever the stresses and commitments of professionals, unless there is a voice from outside to advocate the needs of the visually-handicapped, to press for the development of specialised training, to insist on a development programme and to demand to be consulted on it, then I must be honest with you and say that to me, and I suspect a number of my fellow Directors, the concern we have about the services for the visually-handicapped in the long term is in danger of remaining a problem with which we will deal tomorrow.

Current Training

by Mrs. Audrey Cruickshank, Social Work Education Adviser, Central Council of Education and Training in Social Work

I am delighted to be here for two reasons. My first reason is that – during the last two and a half years at the CCETSW I have had many opportunities of meeting and discussing with representatives of organisation for the Blind but this is the first time I have attended and spoken at the Annual Conference of the Southern and Western Regional Association.

My second reason is that – it is not often one gets a chance to talk about training from the CCETSW's viewpoint.

The CCETSW (like the DHSS) has many different reputations. Maybe I can set the record straight today. I will not give you, as did Mr. Ralph Cox yesterday, a "View from the Elephant" but a "View from Kings Cross". Firstly the CCETSW does care about training for work with Handicapped People as evidence in CCETSW Paper 5 produced in 1974 entitled 'People With Handicaps Need Better Trained Workers'. I joined the staff soon after that with a specific brief to 'Develop Studies to Train Staff to Work with Handicapped People'. Two previous speakers mentioned something which we at the CCETSW endorse, that is, we do recognise and appreciate that people with a visual disability are not a homogeneous group of people. They do not all have the same needs and it follows they do not all need the same service. We would hope then that visually handicapped people would have a range of services available to them, as and when they need them. I think one speaker called for there being a range of options available and another speaker talked about a multi-disciplinary service. I would endorse both these views, in fact I hope that many services of the Local Authority from Home Help to Social Worker would be available to, and used by, visually-handicapped people (as by all the population) when necessary and appropriate. I suppose what is open to question is what special services will be needed by the visually-handicapped. However, even then I would suggest that no one special service can meet a range of needs. For example I would suggest that needs of parents of a visually-handicapped child are different from the needs of the adventitiously blinded man or the elderly person with deteriorating sight and that all these are different from the needs of a blind adolescent. One cannot supply a blanket service for all these people.

The challenge in training is to equip a range of staff who have the right skills to help people, including the handicapped and the visually-handicapped, with different problems at times of different life crises. Now whether these services and staff are in the right place and the right time is a question we have to leave to Mr. Chant (and the other 117 Directors of Social Service). The CCETSW has no responsibility for or control over the deployment of staff. We reckon that our responsibility for *education* is big enough. Unless we go back to the idea that because you are blind (or visually-handicapped) you get one worker then we have to move on to a more complicated and sophisticated pattern of training. We need a detailed analysis of what blind people need and what task social workers and other social service staff are going to perform, what skills they need and then to translate these into educational programmes. Someone said education is a science and may be an art too, but it is certainly hard work.

Can I now briefly outline what the CCETSW is doing about training staff to work with handicapped people. Council staff have continued to discuss and plan the content of courses to train various groups of staff to work with handicapped people. As you know the brief of the CCETSW is quite clear and set out in legislation and in Training Rules. The Council is concerned with promoting and reviewing training courses for at least three groups of workers who will meet blind and partially handicapped clients in the course of their work. This quite apart from the voluntary associations who work with the blind and volunteers who meet the visually-handicapped.

The first group is made up of – **Social Workers**: The CCETSW believes that on a basic qualifying course it is hoped social work students will acquire some fundamental knowledge about people with physical handicap, maybe including those with visual handicap. After the course as basic grade Social Workers, they will need help from Specialist Social Workers and from senior staff members to extend their social work skills to those clients with some loss of vision who need social work help. It is sometimes hard for newly qualified Social Workers to help people whose problem seems chronic or who need a diverse service from social services; but inservice courses can increase knowledge and improve skills and it is hoped employing agencies will mount these, perhaps on a collaborative basis with colleagues. As some of you here are aware, the blind organisations have banded together to see if they can produce the package about special features of visual handicaps which should be communicated to Social Workers either in basic training or on an inservice course in their own agency.

(It is intended that it should be possible to communicate this package to *any* employer of a Social Services Department who is not a specialist in visual-disability. Eds.)

The second group is made up of – **Specialist Social Workers/Advisers/Planners**: Social Workers who have a CQSW qualification and two years experience following qualification can undertake a post-qualifying course. This will aim at increasing their social work skills in relation to one client group e.g. the blind and partially-sighted and equip them to work as either senior practitioners in relation to blind clients and/or advisers to other Social Workers working with visually-handicapped clients. Currently one such course has been approved and if demand is demonstrated others will be promoted.

The third group is made up of – **Social Service Workers**: Many staff other than Social Workers working, for example, as Welfare Assistants in field work or in residential work will meet clients with visual handicap in the course of their work. The Certificate in Social Service is aimed at training some of the staff who need skills to relate to people with loss of vision, and to help clients who need to learn mobility and daily living skills, if these are to be delivered by Social Services Departments.

Opportunities in CSS schemes are being developed for staff to give this service to clients. The Council is in the process of seeing how the resources and expertise of Regional Associations and the Mobility Centre can be used in the context of CSS. Discussions are in process between the colleges, and the Regional Associations, and the Mobility Centre and the management committee of the CSS schemes in three centres. At least two people here are involved in these schemes.

Education is a complex task. I can only say that it is taking a great deal of time and effort by staff and Council members. Organisations for the blind are helping, though I must add that the diversity of organisations for the blind sometimes confounds us.

Self-help — Desirable or an Indictment?

by Mr. Eric Walford, Southern Area Representative of the National Association of Social Workers for the Blind

Birds always seem to flock together. Animals in the wild cling together for their own protection. It seems to be a law of nature. Man is very much the same. We like to live in the same area as people with whom we have something in common. We like to join in with people who have the same kind of interests. We know that even Directors of Social Service Departments find it necessary to congregate together – though whether or not it is for their own protection I do not know! It seems quite natural for us to form ourselves into groups of one kind or another. Many of these groups are self-perpetuating, looking after the interests of particular groups. Trade unions were started in this way, though some may now be tending to be self-destructive.

We have been reminded that top management in national industries band themselves together. It is quite natural, then, for us to form ourselves into groups and to align ourselves with people who are likeminded. Someone has raised the question of whether it is a good thing to have brought together those suffering from physical, mental and visual handicaps. The answer, I would say, is that that is not good sense because they do not mix. They do not all have one thing in common and will naturally split themselves off into little groups so that before long we would find the blind at one end of the room, the physically handicapped at the other end, and the mentally handicapped in the middle – "and never the twain shall meet".

It seems quite natural for blind people to be brought together in groups of various kinds, for teaching practice, for their social activities and so on. When they come together in such organisations they naturally form kind of self-help groups, exchanging ideas, discussing problems and telling each other ways of doing jobs with which others have found great difficulty.

If we look back over the history of blind welfare we find that it is blind people who have made all the major advances in blind welfare. It is worth repeating. In the past blind people have done much to help the blind population. In about 1791 we find William Ratcliffe who instituted the first school for the blind. In the 1830s Elizabeth Gilbert, the blind daughter of a Bishop of Chichester, laid the foundations of what we now know as the home workers' scheme and workshops for the blind. She was also interested in education – a remarkable lady. We have heard mention of Dr. Moon who invented an embossed code. Everybody has heard of Louis Braille and the wonderful work that he did. The National Braille Library was started by two blind ladies. Dr. Thomas Armitage founded what we now know as the Royal National Institute for the Blind. All these were remarkable people who saw a need and did something about it.

Sir Arthur Pearson was a fantastic man, the owner of newspapers, who helped to raise money for the building of the RNIB building in Great Portland Street. As if that were not enough he founded, in 1915, the St. Dunstan's organisation; so many people today praise the name of Sir Arthur Pearson. Then Ian Fraser, whose name has been mentioned here, became a Member of Parliament – there has not been a blind man since to achieve that distinction.

Unfortunately, all these people have passed on so we cannot look to them for help and inspiration today but we must take heart from the fact that in the past there were blind people able to give help when it was needed. There are at present a great number of Talking Newspapers. I look upon these as a modern form of self-help groupings because we find that behind each of these Talking Newspapers there is a blind person involved somewhere, using this medium as a means of distributing information and knowledge; and this is a wonderful thing.

More recently there have been some special self-help groups springing up around the country. I call them "special" because they have come together for a purpose – to help the newly blind, to pass on their knowledge and skills. I heard last week of a totally blind man who is trying to teach another blind person how to use a long cane – which is *not* very desirable. Why have we got ourselves into this situation where blind people are having to form these special self-help groups to assist others?

There are several reasons, some of which we have already heard – the dropping of the Home Teachers certificate, for example. I feel that the Regional Associations and the voluntary bodies could have done something at that time rather than let the whole thing go into limbo; but for years there has been nothing. Then the Social Services Act came along. We were told there was to be a kind of training much better than there had been in the past and as an interim measure we were given what was called a "Technical Officer". Now the Certificate in Social Services is being introduced. My organisation is not very happy about this. It is all we have, but we are unhappy about it. We feel that it is not what we were told it was going to be, if we go back to 10 or 15 years ago.

There are some 12 self-help groups represented on the RNIB Committee from different organisations of blind people. These are working well to further the work for blind people in this country. I am sorry to be a prophet of gloom; but it seems to be my role though I am not naturally a gloomy person. I am not very happy about the future which from one angle does not look at all bright. I only hope that this element of self-help will again come to the fore and that blind people will in some way show sighted people what they want; because nobody better understands the problems of blind people than the blind themselves.

We had a great demonstration of self-help on 3rd May when more than 1,400 blind people congregated to lobby Members of Parliament and to try to bring home to them that the blindness allowance is something that the blind really need. I can only hope that the self-help movement will catch on and spread. It is said that God helps those who help themselves and I believe this to be true. We cannot force self-help on to people.

A gentleman I know has recently been made redundant at his place of work. He is only in his fifties and it bothers me greatly that he does not seem keen to go back to work. Of course, he has a perfect right to sit down and do nothing, if he wants to do that. But I am waiting for him to make a move before I put into operation all the necessary help for him. Another gentleman employed in the office where I work has just gone on to the blind register. He is an authority on the blind yet he has been told, "You cannot work, you are blind" and he has been suspended on full pay. If he demonstrates a wish to continue to work something will be done to help him get back to some kind of full employment.

What I have had to say to you is not all that wonderful for I cannot see any great light on the horizon. I am just hoping that the old spirit will come back, and that one day, somewhere, someone will come to lead us out of the grey area into which we have got at the present time.

The Contribution of Mobility Training

by Mr. Walter Thornton
Chairman of the National Mobility Centre

A lady I know lost her sight at the age of 60 and lost her husband in the same year. She took to the long cane which was her salvation. She became self-dependent and mobile and became interested in many things and 10 years later is still doing all kinds of things, working as an integrated part of the community, working on community projects and is, among other things, a Samaritan. Returning from her shopping one day she was about to cross a road when suddenly a voice called out, "Stop! Could you please see me across the road, as I do not see very well?" and so, of course, she did so.

I am very well aware that there is a great deal more to the mobility of blind persons than waving a long cane about. Yesterday Mr. Tom Parker spoke on the theme "What Blind People Want". I will modify that title and will speak about what I want for blind people. I want first that they can have that kind of freedom of movement which they want, with the kind of aids that they want to enable them to achieve something of their potential.

It is a very old idea to use a stick or a dog to help a blind person but it was only a couple of generations ago that we had the first systemised blind mobility training with guide dogs. It took us even longer to develop a systemised form of training based on the long cane. Even later we turned to the use of electronic aids. I will illustrate, if I may, the way in which I have seen this kind of training develop.

I have not had personal experience of working with a guide dog. I have always had the highest possible respect for what they do and towards the organisations responsible for them in various parts of the world; but when I was blinded it was clear that in my work a dog would not greatly help me. I believe the guide-dog people would be the first to point out that even in the most developed countries in the world the percentage of people who are able successfully to make use of guide dogs is about 2 per cent to 3 per cent of blind persons. We have about 2,400 in this country out of a blind population of about 120,000, and that represents a highly significant difference. It is self-evident that if we are talking in terms of what we regard as a basic need for the vast majority of blind people we have to look for another system.

I have kicked myself consistently since 1958 that I did not have the wit to produce my own long cane system, because it is so self-evident. I was asked by St. Dunstan's to look at long cane training, having co-operated with Leslie Cave in his development of the Sonic aid. My series of tests of long cane use was a revelation of it as giving a new freedom to the blind person, enabling him to get about alone without getting hurt. Trained in basic principles, a blind person could actually go into an unknown area and reach wherever he wanted to go. I presented a very enthusiastic report on the long cane and said we ought to have it.

It was very clear, though, from what I had heard, that opinion in this country in informed circles was against the use of the long cane. It was regarded as something of a hazard to sighted people which could make blind people unpopular.

One or two of us got together and did a little self-help and set up a project for which we got the money on the basis of setting up a research project. To me it was a question of getting the long cane to as many blind people as possible in this country as soon as possible.

We concentrated on methods of doing this. That was how the Midlands Mobility Centre in Birmingham came into being. We wanted to introduce the long cane system. It has always been the preoccupation that we should make blind people self-dependent and mobile. Obviously it was not very long before our students and various other people were saying that the course was inadequate and that it should do much more to train people in what goes on in the social services.

Some of us from time to time have tried to expand the course to make it much more what would be regarded in present-day terms as suitable for a Rehabilitation Officer. But this has been opposed in various places on the basis that the local authorities do not want to subsidise people to take longer courses. There is also opposition on the basis that the provision of mobility is a specialised service and that if those who provide it are to teach the blind all kinds of other things, they are not going to teach mobility. I am sure that some of those present will have something to say about that kind of thinking.

What was described earlier as "a decade of despair" perhaps in certain ways has not really been so.

The term by which mobility teachers are known can enhance the contribution of their training. Certainly, the Americans went to some trouble to devise a term which they felt would command respect. They also ensured respect for their people working in this particular sector of blind welfare by making it a post-graduate university course leading to a Master's degree. I have read criticisms suggesting that in the United States people who are not particularly successful academically take the course and become mobility instructors. I do not believe a word of that. I am sure the American system operates as a self-selecting enterprise.

If a sighted person is prepared to undertake an extremely full course of some 10 to 12 weeks which involves wearing a blindfold for a considerable portion of the time, undertaking the kind of exercise in which a blind person inevitably gets involved if that blind person wishes to become independently mobile, then I believe you have a self-selective process, which is of tremendous value.

Added to that, there are other demands we make upon our people. We require them to have five "O" levels, to be between the ages of 21 and 45 because we have learned that over the age of 45 problems tend to multiply; and we also require them to have reasonable hearing – no more than a loss of 20db – an additional requirement is the possession of a full driving licence.

I took very hard the decision that mobility instructors should be sighted. A blind person has very considerable advantages in teaching mobility but hard experience and working through the American system convinced me that they have made a right decision in ruling that a mobility instructor must be sighted. It is possible for a blind person to act as an instructor if the circumstances are right. In the days when we were trying to win support for the long cane I taught an old friend of mine its use and did so so successfully that he took himself for a daily walk of an hour and a half although he was over 80, and when his wife died he was able to move to a new area and find himself a new bride!

The mobility instructor's job has to be one for those who are fit in every way, are active and have a commitment. If they have not a commitment they will not survive the training.

A young girl who has been trained in this work who was to work at the

National Mobility Centre described how wearing her blindfold she strayed into an area of parkland, using her long cane. She could not find her way out no matter how she tried. Finally, she just stood there. The instructor was watching her, waiting to decide whether or not he should intervene. He decided not to do so. The girl tried again, and made it. I believe that that kind of realistic experience has helped to produce a very special contribution in blind welfare, just as I believe that the type of training has attracted a particular kind of person into the system.

I also believe that the impetus to take mobility training has been self-generating. I think long cane training and the development of electronic aids has reacted to the benefit of the demand for guide dogs; and that the Guide Dogs for the Blind Association has expanded in consequence. That, too, must be set against the pessimistic noises that we have been hearing. Let us remember that we have trained at the National Mobility Centre more than 200 people. We have attracted people from 21 countries to be trained as instructors. That is important and is one of the most important contributions to blind welfare that this country has made.

I agree that we have not made the same kind of financial provision as has been made in certain countries in Europe, but I still believe that in terms of the services that blind people get, this country compares favourably with any I know. I do not, therefore, want to talk of despair. I believe that mobility training has helped during the past ten or twelve years to make a very significant difference to the lives of an enormous number of blind people. I recall that it was the Southern Regional Association which was very active in those early days. The Southern Region and the North Region put their strength solidly behind efforts then being made on mobility training.

One has recollections, therefore, of a decade or so during which progress has been made. I have referred to the 200 instructors trained, 35 per cent of them from 21 foreign countries, 40 per cent of them engaged for the most part in the local authorities or voluntary associations. There has been a fairly good consistency of operation because there are 66 authorities employing mobility instructors. I am ignorant on the subject of social welfare and the social services but in my book the best thing one can do for the practical rehabilitation of a blind person is to give him or her the capacity to be independently mobile.

Obviously, what is mobility for one person might be regarded as imprisonment to another. To a lady who has been largely confined to her room, the ability to move about it without bumping into furniture or hurting herself, and even perhaps to venture down the corridor, would represent a very significant improvement in the quality of her life. At the other end of the scale, the objective should be as near sighted performance as possible; and in talking of mobility aids, I am fully aware that the best possible mobility aid is a sighted escort.

I am equally aware that those blind people who have achieved the greatest distinction have been, without exception, people who organised other people and ensured that they had sighted help the whole time. Certainly, within my own experience this is so; but that is not possible for the vast majority. It would not have been possible for me when I started trying to make a job for myself. Certainly, the job would not have happened and I would not have stayed there, if I had not been able to be mobile. I am sure this applies in many other cases.

The contribution of mobility training as we have developed it in this country has been justified at an international level. Nationally, I believe it has made its mark. Certainly, it has meant to many individuals, a new dimension of freedom.

I hope I have not laboured these points too strongly but progress is achieved only with the right kind of training and the right kind of people doing the training.

only with the right kind of training and the right kind of people doing the training. Any attempt to dilute the quality of this kind of training would be self-defeating in the worst possible way. I hope you will leave the conference convinced that good, systematised mobility training as we have developed it in this country has been productive of excellent results, and will be in the future.

I do not in any way retract what I have said about electronic aids. At present they can serve very useful purposes. They can help one to identify a feature of the environment much more quickly than by the tactile method. I believe that in certain situations of stress they can give a blind person the assurance of finding his objective; but I also believe that with people with otherwise normal faculties, hearing, echo location and so on, given the right kind of training we have the possibility of developing a capability that can be effective for most blind people.

I very much doubt whether we are likely in the next 25 years to see electronic devices that will solve the problems of blindness to any degree. First of all, I do not believe that there will be available the resources for development; and I certainly believe that the resources that are available in the electronics world these days are much more likely to be used to produce devices like reading machines with audible output. We are much more likely to see that kind of machine being made available at a reasonable price for blind people, because there is enough demand for it. There is even a need for this kind of capability in the sighted world, in the world of big business and commerce. I believe we may get that very quickly.

For electronic mobility aids, I do not think the future is going to be that much brighter than it has been so far. I am sure that people are going to produce specific aids of one kind or another but I do not think we are going to see an electronic aid that will really prove to be the answer to the problem.

Earlier I was speaking with someone who talked of our having missed the boat because a Rehabilitation Officer's course had not been developed. I believe that view would be supported by many people in local authorities who would like to see the type of specialist who was capable of looking after blind problems as a whole. Obviously, there are snags. There are limited resources; and until other demands have been met that kind of project will be a very vain hope. It will be a heavy load on any person working in blind welfare until those demands are met, in terms of time. One aim for the future must be that kind of course for that qualification.

I do not agree with what has been said earlier in conversation about the view of Mobility Officers and Technical Officers that their own futures were limited. It seems to me that if a person has the qualifications of a Mobility Officer there is nothing in the world to stop that person achieving other qualifications in his own time. He does not need to have time off from his authority, though I know that in these days it is unpopular to study in one's own time. For a person who is anxious to get on in his or her career, there are ways in which he can achieve the necessary qualifications.

A Voluntary Association for Today

by Mr. Philip Parkinson, General Secretary,
Royal Leicestershire, Rutland and Wycliffe Society for the Blind

We have already spent some time talking about the future role of the voluntary association. Mr. Ralph Cox has stressed the importance that his Department, and by implication the Government, place on the voluntary sector; and others have said that voluntary associations for the blind should act as watchdogs on services for the visually-impaired, bringing pressure to bear on the statutory authorities to improve the overall level of services.

It is my view that before we can, in conscience, pursue this approach with the necessary honesty and vigour we have to satisfy ourselves that our own house is in order. I believe that in taking a general view and in particular looking at some of our larger voluntary organisations for the blind, that is far from being the case. If I say that I, too, am going to take a backward look for a while I expect a groan but let me say straight away that I hope that it will be a different backward look. I suspect it will be one which may provoke some thought and opposition.

Most voluntary organisations for the blind had their origins in the last century and some have been in existence for over 100 years. The early pioneers recognised how little was done for blind people and responded in the best traditions of the voluntary movement to provide for those needs in innovatory and exciting ways, capitalising on the generosity of the general public – which still today perhaps sees blindness as the most disabling of all handicaps.

The early voluntary organisations quickly grew in size and in the range of their activities; and I believe the history of many of them shows a splendid example of altruistic work done by humble, earnest people. By the end of the nineteenth century developments had taken place in the education of blind children, in the provision of workshop facilities, in the birth of the home teaching service, in residential care and in a host of other ways. Throughout the early years of this century and right up to the post-war years, and in particular the 1948 National Assistance Act, the voluntary sector was the body principally responsible for the provision of services to the visually handicapped. It is true to say that even after 1948 many of the statutory obligations laid on local authorities were carried out by voluntary organisations either in a formal agency situation or very largely in the way it had happened during the previous 50 years.

Only with the work, first, of the Younghusband Committee and then of the Seebohm Committee, followed quickly by the Social Services Act, was there a fundamental shift of emphasis within the services for the blind away from the voluntary movement and into the statutory sector. The voluntary movement was, in my view, ill-prepared for the change that was thrust upon it. One of the principal disadvantages of a service so firmly rooted in voluntarism was its introspection. There was no incentive to look at what was happening in other allied disciplines or to look ahead and try to foresee some of the developments that might be taking place. The degree of isolation endemic in the services for the blind goes a long way to explain the trauma that was caused when the services were absorbed into, or taken over by, local authority social services.

The fact that this came at a time when those services themselves were being reorganised, and preceded in many parts of the country another major reorganisation of local government two years later, only heightened the sense of change and the utter confusion felt in many areas of blind welfare. As a relative newcomer to the field of services to the visually-handicapped I find it very strange, looking back over the 1960s, to see how little influence was brought to bear on the future of the services for the blind by the practitioners in the field, and especially by organisations for the blind. It is as if the voluntary movement sat on the sidelines, unaware of what was happening about it, and unable or unwilling to influence events.

To some extent I feel that this was true of the position after the first few years of reorganisation and it is only now that constructive efforts are being made, by statutory authorities and voluntary organisations, to restore the services for the blind to a place of importance and to see how the massive resources available in this country for this group of clients can be utilised to their best advantage. In this respect this conference has an important contribution to make.

If my hypotheses is correct, why was it that voluntary organisations for the blind had so little influence on the changes that took place in the late 1960s and early 1970s? Over the 100 years of their existence many of the organisations for the blind had become large institutions in themselves and in many towns and cities were by far the largest voluntary organisation. Many of them had large staffs by comparison with other voluntary organisations; and in bricks-and-mortar many had expensive facilities at their disposal, for example, workshops, residential homes, holiday homes, social centres and so on.

Many of these organisations have acquired a position of considerable standing in the community and one suspects that over the years they have attracted to their committees people who have been as concerned with the status membership of such an organisation may have brought as with any direct contribution that they might make to the service of the blind. This is by no means only a negative comment for any large organisation with property to administer and staff to employ needs a greater degree of professional management and expertise than the much smaller voluntary society.

Unwittingly though, what has happened, I believe, in so many areas is that the means to an end have become more important than the end itself. The initial purpose for which voluntary associations for the blind were established was to identify and meet needs which were clearly not being recognised by society at that time. In the years that have gone by since then many of the innovatory programmes and schemes launched then have become ends in themselves, creating around them a structure of bureaucracy and a continuity all their own.

Another important factor, in my view, was the age composition of many of the committees of voluntary organisations for the blind. I believe a study of these would have revealed a preponderance of people of retirement age, many of them in their 70s or even their 80s, who were rooted to a philosophy of welfare work arising out of the Poor Law, the workhouse and other nineteenth century institutions. Many such people have remained in membership of some voluntary organisations for the blind since. In my view, this is an even greater reason why there has been so little concerted or agreed ground swell of opinion from within the movement in the last few years towards improving the service to the visually handicapped.

That a significant and influential number of members can bring to mind only the service which pre-dates 1970 is a particularly inhibiting factor when today's services are being considered. Without being unkind to them personally, and without

wishing in any way to denigrate the outstanding contribution made by them to services for the blind in the past, it is in my view certainly time that they moved over and made way for current thinking to match that appearing in the local authorities.

Time *does* move on, and the tragedy of so many areas of blind welfare today is that the people in a position of influence have no experience whatsoever of social services in this country as they have developed since 1970. Of course, it is fashionable these days to knock everything that has happened in the past, to undervalue and write-off at a stroke the developments of former generations. I have been as guilty by implication as anyone else in doing this so far in my talk. I believe, though, that the history and development of services to the blind from within the voluntary movement have much to offer the service in the future. There is a fund of knowledge and experience which can be re-channelled into a new, dynamic force; and many of the concepts and ideals which then highlighted the former service are worth retaining and should not lightly be put on one side.

What, then, do I see of the future? In a nutshell, the service to the visually-handicapped must come from a shared commitment from both the statutory and the voluntary sectors. At its crudest, both partners are too big for either to ignore the other. More positively, it is surely to the deprivation of the client group if the two cannot work together as effectively as possible.

A few examples will illustrate what I mean.

Many voluntary organisations, as I have said, still run and maintain workshops on behalf of local authorities. Many run residential homes supported by local authority residents. Both of these can be very valuable local resources. On the other side of the coin, in preparation for this talk I picked up almost, though not quite, at random half a dozen reports of other societies and institutions for the blind up and down the country. I turned to the year ended 31st March 1977 and looked at the figures for realisable assets – and I stress *realisable assets*. I am not talking about the bricks-and-mortar that are already there but about what one can get one's hands on. I found figures like the following (and for obvious reasons I will not identify them further!) – £306,000, £248,000, £198,000, £120,000, £270,000. No attempt to alleviate the needs of the visually handicapped community can possibly ignore resources of this magnitude in the decades to come, especially at a time of acute cutbacks in central and local government spending.

I do not want to underestimate in any way the difficulties facing a voluntary organisation in engaging in discussions with an active social services department. Patience, tact and a lot of understanding on the part of the professionals in both organisations is going to be required but I believe it can produce very fruitful results. There are many ways in which voluntary associations for the blind can benefit from the closest possible dialogue with statutory authorities without in any way losing their autonomy or their independence. I mentioned earlier the way in which many voluntary societies for the blind have developed extensive provision. Many of us have homes for the elderly blind; in various parts of the country there are facilities, albeit too few, catering for people with secondary disabilities.

I am sure that until very recently, and perhaps even today, we in the voluntary movement have been too inclined to judge our standards in this field by our material provision. Some of the residential homes for the elderly blind, paid for and established by voluntary organisations, are among the finest in the country: but I am more interested in ensuring that in the next decade what goes on within those homes, that is, the quality of the care that we provide, matches the bricks-and-mortar.

If there is a case for a specialist home for one group of handicapped people – and I know very well that some will dispute that – it is surely that within that residential establishment every effort is being made to meet the special needs of blind residents. On a similar theme, it is of only limited value to have a home for the physically-handicapped blind if the guiding philosophy under which the home is run does not take account of the social, emotional, psychological and, perhaps most important of all for the younger blind, the sexual needs of that group. It is sad to me that the limited provision in this field often excludes anyone with a mental disability and this, surely, has much more to do with the prejudices of the past than with any ability to provide a caring service in the future.

We have seen the emergence in recent years of many visiting schemes for the blind. Where these are established in isolation from, even in competition with, the social services departments they are merely a perpetuation of the home teaching service in the eyes of the voluntary associations and in my personal view are to be criticised as such. A voluntary visiting scheme which has been carefully thought out with the social services department can provide real benefit to the client, to the voluntary association and to the department. For example, if a systematic review is undertaken of visually-handicapped clients within a particular area, some will clearly need a high degree of professional social work input. Others will need help from a Social Work Assistant or a Rehabilitation, Technical or Mobility Officer; but perhaps the majority could be catered for in some form of contact or visiting service.

An increasing number of schemes exist whereby Social Workers, or Social Workers for the Blind, and someone from a voluntary society recruit volunteers to work with the team, and the individual volunteers pass on to the Social Workers information on any change of circumstances, or anything about which they may feel uncertain. For these schemes to be really effective they must have a different perspective from that prevalent in the days of the former service. That tended to develop a high level of dependency between the Home Teacher and the blind person.

Having undertaken community work training myself, I see the way forward as exploring ways of involving the blind in their own community, enabling them to play a fuller part in sighted society, if they can and wish to do so. It would be naive to think that such a scheme is possible everywhere, or that particular problems do not make its implementation difficult. For example, the elderly blind in isolated rural communities may present particular problems to social services departments. They are perhaps a group of clients to which resources can be directed specifically from a local voluntary association. Much more use could be made of Women's Institutes, Age Concern and other neighbourhood groups, recognising that involvement in these groups will be an easier process for people who are newly registered than for those who have been blind or partially-sighted for upwards of 30 or 40 years. For many of them, any additional change is difficult and confusing; and talk of integration for this group can be misleading unless accompanied by resources and the facilities to see the job through properly.

A similar analogy can be drawn with the socials that are run by many voluntary associations for the blind. If an input is encouraged from the Social Worker for the Blind, Social Worker or someone from the department, the opportunity to meet 50 blind people once a month and to make one's self available is a useful means of keeping in touch with that majority of people who perhaps do not need any more contact.

I want to say only a brief word about the consumer. I firmly believe that the blind themselves must become much more involved in services provided for them

and on their behalf. I believe, though, that it is sometimes a more complex issue than can be given justice in the context of this talk. For example, if we believe in democratic representation, just as organisations for the blind can be laid open to just criticism for what they have done, so I think some of the so-called democratic representation from organisations of the blind can be equally suspect.

I am not sure, however, whether there is not an implied assumption that we no longer have a role to play in the provision of mainstream services to the visually-handicapped. If there is such an implied assumption, I would take a completely contrary view. I feel that there are countless opportunities for us to reactivate our traditional roles of innovation, experimentation and pump-priming.

I will conclude by going quickly through just a few examples of what I mean. We are all aware of the increasing commitment that is being directed to those we call the deaf/blind – I am much more inclined to the description now being propounded by Mollie White and others, namely "people with the double handicap of a hearing and a sight loss". There are many ways in which we can advise and contribute to our local authority thinking in this field. Many such people have a desperate need for information; the provision of that information is a fruitful field for the involvement of volunteers on a frequent, as against perhaps a regular, basis.

Help with shopping, conversation and dial-help schemes are efforts, as are organised holidays, in which we have a real and vital role to play. The question of accommodation may in one sense be related only to those of us whose organisations are large enough to have some, though this is not exclusively so. Acommodation for independent living, which is the distinction I would make, as against sheltered accommodation, involves two main areas at which we should be looking in the decade to come.

One is the provision of such accommodation to enhance the job opportunities of those living in rural areas. The other may be deliberately to provide accommodation for the behaviourly difficult. Mr. Ralph Cox has referred here to the number of patients in our mental hospitals and other establishments with a visual loss. It was with a sense of some sadness and shock that we found that in our local hospitals there were nearly 90 such patients. There are many ways in which voluntary organisations have a role to play here. There are many such patients who will never be able to get beyond full-time care; but there are many interesting and exciting things going on within those hospitals. There is, though, a desperate need for volunteers, for additional aids, for art and craft materials. At a financial level, voluntary societies could provide these. At the human level they could help recruit volunteers to go in and work with the hospital staffs.

We could also usefully explore with such organisations as the Guidepost Trust Group homes for the recovering mentally ill blind. I am certainly hoping to see a scheme that might involve three or four residents, of whom perhaps two might have a visual handicap, being absorbed into that kind of scheme. This seems to me to be an area that could be usefully organised with joint funding. I fear we have tended to skim over the subject of joint funding in these discussions. Basically, this is a means by which money can be obtained through the National Health Service to support social service projects over a period of time, not dissimilar to the pump-priming operation I mentioned earlier. The NHS may fund something for a number of years which is then taken over by the social services. There is provision, though I do not know of anywhere where it has been taken up, to substitute for social services – voluntary associations. The circular on this is quite open, and any voluntary organisation keen to show a need could, if it wished, dispose of its resources and, subject to the support of the local authority, enter such a scheme for joint funding.

We have talked a lot about children and parents. There is a need for some really meaningful provision during the holidays. Play schemes, whether integrated or segregated; we need to forget the labels and to look at the individual needs of parents and their families and to help provide for them whatever best meets their needs.

Let us remember, too, that many more children with a visual handicap are now being educated – if that is the right term – within ESN and other special schools, with additional problems of incontinence, epilepsy and so on, which present a great strain to parents. There are areas here in which we can help, not only during the holidays but throughout the year, especially with volunteer baby-sitters for the mother who would dearly love to go out at night with her husband but is very frightened of leaving their epileptic blind child in the home with someone who does not know how to cope. We have a contribution to make in recruiting such volunteers.

Again, whether we do the stimulation, or whether in conjunction with the local authority we do it on their behalf, we can arrange meetings of parents, support groups; we can link up and work with such things as the Red Cross toy library. We in the blind world have a lot to learn at the local level from groups like Mencap and the Association for Spina Bifida. A particular interest close to my heart is the younger multihandicapped blind; if quantity is to be replaced with quality (as the Seebohm Report recommends) this group above all else should have the specialist, highly professional social work help that it needs.

The Talking Newspaper service was started in response to the genuine wishes of visually-impaired people, enabling them to be more in touch with their local community. However, it has not yet been fully tapped as a means of communication. I believe some 60,000 blind people now receive either a weekly, fortnightly or monthly edition. That is only 50 per cent of those registered. But it is a medium of communication which is not yet fully explored: it could give more attention to welfare rights and the special needs of the blind. This could be done without in any way undermining the basic principle of the Talking Newspaper, which is that it should not concentrate on special information for the blind but communicate the same kind of information those fortunate enough to have sight can glean for themselves whenever they want it.

In many areas of the country there are special needs which could be helped with the Talking Newspaper service. I come from a city in which there is an increasing number of immigrants from the New Commonwealth coming on to the register. It seems to me that here is a group which we have not begun to consider. We are exploring the idea of producing a talking newspaper in the language of the immigrants.

We hear a lot about low vision aids and clinics for low vision clients. This, again, is an area where we should be talking with our local ophthalmologists; those of us who are fortunate enough to have day centres could evolve a system with members of the Faculty to have certain aids available. We should perhaps have some of them come in and offer their skills so that more people could be helped to use such sight as they have. I share the view that if we spent more money on properly decorating the front-room of someone with a visual handicap, instead of in some of our other ways of distributing money, that might contribute to his staying happily in it a lot longer.

These are just some of the possibilities. They are in no order of priority and are by no means a definitive list. You will have gathered by now that I feel the voluntary movement for the blind can have a bright future. More important, it can

have a relevant future but it is time for enthusiasm, for believing in ourselves and in providing the best possible service for visually impaired people. We need to cast off the gloom so prevalent lately – and, with respect, so prevalent here this week – and to generate some passion. Let us leave the past behind us once and for all, and set out to become a force to be reckoned with.

What contribution can Voluntary Organisations make today?

by Mr. Nicholas Hinton, Director,
National Council of Social Service

I would like to look at the role of voluntary organisations from a fairly broad perspective within the context of government, both central and local, and within the context of the general public. I will then make one or two suggestions as to how that might apply to the particular interests of the blind and partially-sighted.

Perhaps I can begin by going back into history and trying to put voluntary organisations, and for that matter government, into some kind of context. We will all agree that voluntary organisations are very much part of our British heritage. Up to the Reformation in the sixteenth century, and to a lesser extent after that date, people looked to the Church, and it was the Church that was very much at the centre and largely responsible for providing services for those in need.

The names of many of our old hospitals, for example, seem to be a reminder of that and it occurs to me that in Cambridge and perhaps Oxford we have a similar association between the Church and education, the name of the college in which we are meeting, Jesus, being one such reminder. During the seventeenth and eighteenth, and on into the nineteenth, century we had the growth of friendly or charitable societies which, against the background of the Elizabethan Poor Law, alleviated some of the worst aspects of poverty, sickness, disablement and other social ills.

It was not until the twentieth century that government, whether central or local, assumed a major and increasing interest in, and responsibility for, almost every area of our lives. Traditionally government was extremely limited. It had relatively few resources, it lacked knowledge and it lacked access to knowledge. Perhaps traditionally we look to government for three things. First, we look to government to defend us as a nation. Secondly, we look to government to administer justice; and thirdly, we look to government to promote business. Certainly, that is not a description of government today, as many of us would recognise it.

Universities were few and far between. Research institutes were rare and "think-tanks" had not been heard of. Against such a background voluntary organisations, whether national, regional or local, could with justification claim that they were doing this or that job because neither the government, nor for that matter anybody else, was doing it. The very early annual reports of the National Council of Social Service, which was founded in 1919, make the point. A relatively small grant from a particular grant-making trust or foundation enabled the NCSS to achieve a very considerable amount. A small grant, for example, would mean that the NCSS could have quite a considerable effect on the whole problem of unemployment and some of the worst aspects of the depression between the two world wars.

Again, if we look at some of the stated objects and aims of our older charitable trusts or grant-making foundations in this country we can see the same thing. We read, for example, that the Carnegie (United Kingdom) Foundation is in being

"to provide for the wellbeing of the masses of the people of Great Britain" –

an amazing aim today. A dramatic change has taken place during this century; and for the most part it has taken place during the last 30 years, whereby government now occupies the very centre of the stage and ventures into almost every single area of our lives.

Following from this, comparatively speaking – and very much to our cost – government resources are limitless and relatively inflation-proof. Perhaps I can illustrate this by a few simple examples. The first I will take from America, because the growth of government in the role of the individual and of private or voluntary organisations is not a phenomenon limited to the United Kingdom. If one looks at Federal expenditure on welfare for the whole of the United States in 1929 one sees that 51 per cent of the effort at a Federal level was the responsibility of voluntary organisations; and the money for that 51 per cent largely came from charitable sources.

Looking at the figures for 1967, quite obviously the total expenditure has gone up by leaps and bounds but that part which is the responsibility of the voluntary or non-government sector has reduced from 51 per cent to a mere 2.5 per cent. Obviously, government has moved in and occupied all the rest of the different facilities.

The second illustration comes from an examination of the sources of money that went to voluntary organisations in the year 1975 – which happens to be the last year for which we have this kind of information. The total estimated income of voluntary organisations or charities in that year was £1,517,000 of which some £330 million was contributed by private individuals, some £165 million from legacies, £42 million from industrial companies, and about £170 million from foundations or grant-making trusts. I name those four because I think in all our minds we see those as being the traditional sources from which charities or voluntary organisations get their money; but next on the list in terms of size of contribution came central and local government which in that particular year contributed something in the region of £55 million. In other words, the newcomer in terms of the income of voluntary organisations is central and local government. It was quite large in 1975 but the third illustration will show that it has grown very much more rapidly over the last three years.

I pick at random the increase in expenditure by certain central government departments over the last three or four years. For example, if we take the Ministry of Overseas Development, which has an interest in what may be called Third World charities, charities in this country which have a responsibility for developing countries, that Ministry's budget has increased over the last year from £2 million to £3 million directed towards voluntary organisations.

The Scottish Department, perhaps not of interest to people here, has increased from £0.7 million to £1.5 million. The Manpower Services Commission – that new animal of central government – over the last two years has increased its grants to voluntary organisations from £1 million to an incredible £57 million. The Department of Health and Social Security has increased its amount from £1 million to the estimated £5 million it reckons to spend this year. The Voluntary Services Unit, a relatively new creation within the Home Office itself, has doubled its grant aid over the last year to a total of some £4.4 million. I hope I have made the point.

The role of government has grown out of all recognition, especially over the last 30 years; and the voluntary organisations no more than any other sector or group within society have not escaped the clutches of government and the responsibilities and ties which, rightly enough, government demands of a voluntary organisation – be it central or local government – if it is to be grant aided. This

year – and very much more precisely, today – provides a good opportunity for taking stock of the role of voluntary organisations.

First, as you are probably aware, today is the day which marks the thirtieth anniversary of the major legislation which brought into being our modern Welfare State, on July 5, 1948. A second reason is that, as many of you will know, we had towards the end of last year the publication of an interesting report of a committee chaired by Lord Wolfenden on the future of voluntary organisations.

The Wolfenden Committee's report, although much criticised, has provided a very useful analysis of where voluntary organisations are today, and a less useful blueprint or guideline as to where they might be going over the last 20 years or so of this century, against the background of a relatively well consolidated and now permanently established Welfare State. Reflecting on the first 30 years of the Welfare State and looking in some detail at what the Wolfenden Committee has to say in its analysis of the contribution of voluntary organisations, particularly those working in the personal social services and the environmental field, we really have a quite clear choice.

We can either accept that the pattern of government of this country will continue to grow as it has grown at this enormous pace over the last 30 years. In which case we will see an increasing involvement by government in the personal social services and the environmental services. Or we take stock of the achievements that we have all made over the past 30 years, that we build on those achievements and we create a range of services that recognises and demands a contribution from the community – and by the community I mean voluntary organisations, the very local community or neighbourhood group, or volunteers.

I believe there is no doubt that we shall – as we should – take the second choice of re-casting our Welfare State in such a way that it makes the maximum and optimum opportunity, the maximum and optimum use, of voluntary organisations and individual volunteers.

I should like briefly to examine three reasons which lead me to believe we should be moving in this direction. The first, and forgive me if it is something of a philosophical reason, is that we live in what has come to be called a "plural" democracy, that is, a society where you and I do not rely exclusively on the ballot-box, on our right as citizens and voters to put an "X" on a ballot-paper at central or local government elections, if we wish to change, influence or challenge the *status quo.* The more cynical among us may feel that we as individuals stand very little chance of altering anything by putting an "X" on a ballot-paper.

In practice, we join with others of a similar persuasion or with similar interests to exert influence or pressure to achieve change. In practice, voluntary associations, collectively and individually, represent a very important and a very large part of that kind of plural society. They represent a very wide range of opportunities for individual members of the community to involve themselves in meeting needs, their own or other people's, and also in influencing decisions that affect them or affect other people. One of the challenges that is facing us in the next step of the evolution of our Welfare State is to ensure at all costs that this opportunity – I go further, this right – of the individual to involve himself or herself is not lost. There are dangers that it might be lost either in an attitude which one sometimes finds all too prevalent that somehow we can leave it all to "them", it is "their" responsibility not ours, and "they" will do it, so we need not bother; or in a belief which is perhaps more subtle but equally difficult, that the trained professional can somehow do it better without the aid or support, or the resource, of the volunteer or the voluntary organisation. Both these attitudes are misguided and we should lose no

opportunity to hit them on the head whenever we hear such views being expressed.

The second reason for choosing the direction of building on the achievements that we have seen over the last 30 years, involving the community far more, is that we live inevitably in a changing society where new needs and new ways of meeting needs constantly emerge. Locally and nationally we are aware of the changing needs and one of the roles, perhaps one of the traditional roles, of voluntary organisations is to ensure that these needs are recognised and met, be they very obvious needs, concerning at this time youth unemployment, battered wives or the conservation of the environment and our heritage, providing for the illiterate or for the needs of the blind and partially-sighted.

A third reason is that it is obvious that there will always be in our society more needs than the statutory services can ever meet. Expectation and demand will always exceed the resources that we have available. The Wolfenden Report demonstrates the key part that voluntary organisations and volunteers play in this way. The sum total of voluntary organisation workers and volunteers if translated into manpower hours exceeds the total of central and local government manpower working in the whole of the personal social services field. In other words, the contribution of the voluntary sector – volunteers and voluntary organisations – is very significant numerically.

What then of the future for voluntary organisations generally? In summary, I see the next 30 years of the Welfare State evolving to a position where social and other community services are provided on the basis of a co-operative partnership between the State and the community, the State's agencies especially in the personal social services field being in the main local authorities departments, the community's agencies being in the main voluntary organisations, neighbourhood and community groups and the tremendous potential of individual volunteers.

Increasingly, we should see the State's agencies as the provider of professional and skilled resources that support the activities of voluntary organisations or community groups. In other words, I feel we should be moving from a position where many individual social workers, and certainly their trainers, see them as operating much more on a direct one-to-one basis to a position where the professional social worker, the social work department, is a resource that is supporting the supporters; because in fact almost all people who have a personal service need of some kind or another, actually require on a 24-hour basis a whole range of informal supports from the community, be they friends, neighbours, family or others in the community.

The place of the professional social worker and of the social work department is far more towards ensuring that those informal support systems within the community really operate as effectively and positively as possible. There is little doubt that if we move in this direction there can be no alternative whatsoever if, against the background of continued scarcity of resources, we are even to begin to meet the increasing needs that will be thrown at personal social services in particular. Voluntary associations themselves have a long way to go if they are to improve their efficiency, their reliability and their competence.

Similarly, professional social workers, their management and perhaps particularly their trainers, have a long way to go in changing some of the attitudes which, at the risk of oversimplifying it, mean a move from a predominantly one-to-one or casework service, to seeing themselves as a resource for the community as a whole.

That, broadly, is where I see voluntary organisations as a whole fitting in over the next few years. Clearly, it sees them as part of a co-operative partnership with

the State and its agencies. Following from that I would suggest a similar kind of framework applied to those organisations, be they statutory services or voluntary organisations, which have a particular responsibility for and interest in providing for the blind and partially-sighted.

Local authority social services departments are essentially responsible for assessing the needs of the blind and partially-sighted, and meeting those needs either directly or through a voluntary organisation. Although it is difficult to obtain the statistics on this I believe there are some 65 national voluntary organisations which in one form or another are working for the blind and the partially sighted; and there are some 140 local associations working at district, area or regional level for the blind.

A recent survey by the RNIB included one question on co-operation between those local and national voluntary organisations and specifically local authority social services departments. There were 49 agencies, principally local voluntary bodies, which responded to the questionnaire. One reported that there was very good co-operation indeed between the local authority and that local voluntary agency; while 27 reported that there was a high or high-ish degree of co-operation between the two. There were 14 who said the degree of co-operation was medium; 6 said that co-operation was at a low level and 1 said it was nonexistent.

As a general comment the reorganisation of the social services in this country which followed the Seebohm Report, published almost exactly ten years ago, has led to a less concentrated or less obvious assistance to the blind, perhaps to other special interests too, within the reorganised local authority social services departments. Sometimes I feel that special interest groups within society, special groups of clients, are getting that message across to local authorities. One sees signs of a reorganisation under which an increased number of local authority social workers are given a specific responsibility for a special-interest group of clients.

In one London borough with which I had quite a lot to do, the original welfare department had eight people with a special responsibility for the blind, that is, one in each office. Upon reorganisation after the Seebohm Report this was reduced in effect to two for the whole borough. At least during this year the number has gone up to four and I understand there is a possibility of one other additional person soon. That borough has not got back to the relatively high number of eight for the whole borough; but we are getting almost halfway there. While one does not want to build anything on the evidence from just one London borough, I believe there is some indication from local authority social services departments generally that they have to re-think reorganisation, to ensure that they are beginning to meet and satisfy the needs of special-interest groups.

If I may briefly trespass upon territory which is not really mine at all, I would suggest against the background of what I have already said that the vital question is: What is the role, what is the future, for voluntary organisations working for the blind and the partially-sighted? I would like to spell out briefly five points. First, it is to ensure that area by area, authority by authority, local authority social service departments exercise their responsibilities to the full. I am aware that that is a bland statement. On the other hand, it seems to me that at local level, to be frank, in every area of work undertaken by voluntary associations, they are all too coy about sitting down under the big mantle of local government and local authorities. They do not really exercise what seem to me to be their responsibilities for their particular interest groups, by ensuring that local authorities are fulfilling their responsibilities.

Secondly, it is to declare that it is perfectly appropriate for a local voluntary organisation, or in some circumstances for a national voluntary organisation, to enter into an agency agreement with a local authority to provide certain services. Again, that is a point which is perhaps familiar but it seems to me too often the practice represents a kind of hopping-along from one *ad hoc* arrangement to another between a local voluntary organisation and a local authority department. I suggest we should explore much further the possibility of entering into agency agreements underwritten for three, five or more years.

The third role is to campaign for improved resources which will obviously bring the voluntary organisations into contact not only with the local authority social service department but also with the National Health Service and central government. Also too, I believe, voluntary organisations have to know their way around the exceedingly complex geography of our Welfare State to know where to apply pressure to get an effect. I would also include, for example, campaigning to ensure that the Central Council for Education and Training in Social Work makes proper training provision for social workers in both local authority employment and also in voluntary organisations. I happen to be a member of that Council and I know that particular credit is due to what might be called the "Blind Lobby". They have made a lot of progress and really registered in the Council's mind; but there are particular needs, and special training is wanted. That is being considered and I believe improvements will be seen in that direction in future. Do not give up for I am certain that there is a lot more still to be done.

The fourth point is the involvement of volunteers, again not a monopoly for voluntary organisations, but it seems to me that if voluntary organisations are not giving a lead in the practical and imaginative use of volunteers, they are not demonstrating a point I made earlier about the nature of our plural democracy. It seems to me that in so far as voluntary organisations have special interests, as opposed to the more generic interests of local authorities, they ought to pay particular attention to the involvement of their special-interest groups – in your case the blind and the partially sighted – in others the involvement of the offender in self-help, the involvement of the mentally ill, the involvement of the handicapped and so on. So my fourth point is the involvement of volunteers right across the board.

Finally, a responsibility, which I feel is extremely important, for the monitoring of new techniques and new ideas, and making sure that where relevant, these are taken up by the appropriate authority, or experimented with perhaps by a voluntary organisation; so that we as a country, or at county or district level, do not fall behind our neighbours; that we ensure that we always have the best possible resources that can be afforded; that they are well known, well used, tested and tried.

These are the five points that I draw out of a rather general look at the role of voluntary organisations. They seem to me to be some of the key points for which I would look if I were asked, as I sometimes am, to make some kind of assessment about what a thriving, lively, forward-looking voluntary organisation is, especially at a local level. I am made very aware of the interests of the blind and the partially-sighted which in part seems to me to be saying that certainly many of the voluntary organisations are doing a really excellent job.

Reports from the Discussion Groups

EMPLOYMENT

Mr. W. E. Douglas, Committee Member,
West Sussex Association for the Blind

We heard from our speakers that of the known blind population of 120,000 something like 80 per cent are beyond retirement age and therefore would be outside our terms of reference. The remaining 20 per cent we divided into two categories, that is, the employed and the unemployed. We decided at once not exactly to write off the unemployed but rather to leave them until last, which is in effect the same thing. This left us with the employed blind people numbering . . . well I can't give a figure . . . but it is a relatively small percentage of those below retirement age. We divided them into two categories, blue collar workers and white collar workers. At that point the explosion occurred. We decided at once that the sheltered workshop was probably the most important employer of blue collar workers. It is immeasurably important and we felt that it ought to be supported to the maximum. We were horrified, those of us who didn't know, and just rank furious, those of us who did, that the situation arises where a blind person who has an industrial skill which is saleable in the open market, is not permitted to work in an enclosed workshop because he has a saleable skill: this happens even though *he* is unemployed and the *workshop* has a vacancy which he could very usefully occupy.

It is pointed out that he ought to have a choice and the consensus view was to agree with this. It was further pointed out that the effectiveness of the closed workshop was greatly increased to the extent that it was able to employ highly skilled blind people, because it was then able to employ correspondingly more less skilled people who had no hope of finding a job outside.

On the second night we got around to trying to discuss white collar work and very quickly we got down to the typing grades, because typists form the largest proportion of blind workers in offices. We heard from a local authority representative a most provocative statement, that his local authority had in fact been interested in employing blind typists but had been somewhat disturbed at their view that they were equal to their sighted counterparts and also that the training school should turn them out with this view. He put forward two cogent reasons for regarding them as inferior in the circumstances in which his local authority worked their typists. He had been particularly unfortunate with the people he had interviewed and we pointed out that central government, which is a very big employer, had found them so successful that there was certainly one period when they were crying out for more and more. One very genuine worry on the part of all of us came out of our discussion, that jobs in offices for blind people are disappearing. A simple example of this is that it is very difficult for a blind person to find a shorthand and typing vacancy. Pretty well only audio typing jobs are available. This is an indication of the advance of technology and the disappearance of the old safe forms of employment that we have relied on for such a long time. Research is obviously needed, not only in how to revive some of the old standbys such a telephony, but to try and isolate new fields into which we can begin to push blind people: because blind people are only employed when their employers have scraped the bottom of the barrel and turned it over – and there found us. Once we get in we have to demonstrate we can be useful.

TRAINING

Capt. R. Hazan, Assistant Public Relations Officer,
St. Dunstan's Organisation for the War Blinded

We decided that we would confine the talk to the training of Social Workers; to take in the whole field in two or three hours was obviously impossible and it was realised from the very beginning that there was a need for specialist training of some sort within the field of the Social Worker. How was this to be achieved, because, as already debated, if one specialised, one's career prospects might be threatened? A way to get around this was really not to change the present system, but to build upon it. People should do their CQSW or their CSS, but then do day-release courses during the course of their work and, thereby, achieve more qualifications which would, in fact, help their career prospects. This was one way of achieving specialists within the field of the blind.

Secondly, any form of in-service training package would be extremely useful. This was in the process of being worked out elsewhere.

Thirdly, assessment of a client should always be carried out by a highly skilled and qualified Social Worker in the first place. The latter would be there to simply assess the need, if, in fact, there was a need, and then to call in the specialists such as the Occupational Therapist, Technical Officer or Mobility Officer.

The final two recommendations were that there should be maximum use of day centres, where an instructor could take two or three people say, in Braille, at a time. The second recommendation is the maximum use of voluntary organisations. Volunteers are trained perhaps more through experience than by going on courses. To achieve the best possible training, you would have to have infinite resources and specialists in every sort of field, which is impossible. The work load on the Social Services is so great that they cannot achieve their objectives; and so they need as much voluntary support as they can get.

THE VOLUNTARY ROLE

Miss Monique Raffray, Tutor/Editor
Southern and Western Regional Association for the Blind

Our main concern was over the question of how to recruit volunteers, because some people in the group seemed to think that this was a difficulty, although when we went through the methods which everyone used, it seemed to us, as outside observers, that there should be an army of volunteers, as there were so many ways of approaching them.

It was suggested that if you wanted to get volunteers for a specific thing like collecting money for guide dogs, the best way was often to have a meeting, as sometimes the Mayor might be present and other very important people from various areas, chosen mainly through personal contacts. If they were interested you could get them to do collecting, but if you wanted volunteers for a much wider range of activities, including visiting, the idea was to approach various groups in the locality: the Red Cross, the WRVS, the WI, the Townswomen's Guild, RNIB, Friendship Groups (which exist in some areas), Age Concern, Voluntary Bureaux, Community Councils and Neighbourhood Care Groups. Also in a more personal way, there might be a helpful vicar, or Church group, someone doing the Duke of Edinburgh's Award, a child doing a project on blindness, or blind people themselves

with a bit of time to spare.

We discussed how far it was a good idea to use advertisements and announcements in the local papers or Church magazines. There was a little disagreement about this – I think some people felt that this could be a bit risky because of the type of people you might get – for instance, the do-gooders who needed to be done good to themselves. On the other hand, other people thought that should this happen, it would be quite possible to get rid of unsuitable volunteers.

We then agreed that for the young blind, it was important to get the co-operation of young people and that Youth Clubs or groups from universities or polytechnics would be a good contact. We musn't forget about individuals, for instance even a mental patient recovering from an illness could be very helpful; and that it was important to make as many personal contacts as possible.

It was agreed that it was much easier to get people to do things for a specific purpose, rather than to help in a general way. Therefore asking for help with some definite project, like Talking Newspapers, was a good idea; or visiting for some definite objective, like reading or shopping. Continuing encouragement to the visitors was also helpful.

The idea of a co-ordinating officer from the community, to whom the voluntary visitors could report from time to time if something was going wrong, was important. Meetings of the volunteers and officers about every two months were considered helpful, as were meetings of the blind people who needed help, together with the people who were going to help them.

We agreed that things like a short training session were of great value. We also agreed that we need to think about activities and the spending of money. For instance, instead of the Christmas party, we were told about a lovely Christmas dinner in a farmhouse for about 30 people. If an Association has plenty of money, how should this be used? It should not be used to start another residential home or school or social centre, but to do something a bit different. Start a rehabilitation unit, either in one's own centre, or by using premises that were lent, and then perhaps hand this project over to the Local Authority later, having proved its value. Some people find it easier to be rehabilitated at home, rather than to go away for three months.

Finally, the social services do need to review their cases. Some people get forgotten simply because their cases have been officially closed. There should be a sort of three-tier division between a) the people who need intensive social services care, b) those who could be helped by a Social Welfare Assistant and c) the majority of people on the register who could be adequately supported by the varied help of volunteers.

THE STATUTORY ROLE

Mr. R. C. Vawda, Senior Assistant,
Services for the Blind, Birmingham Social Services Department

The first thing we did, was to define Statutory Services as Personal Social Services, as we felt that it would be too great a task in the time alloted, to include central government services in our discussions.

It was clear that most of the members felt that services in their particular areas

were almost adequate, and in some cases quite adequate. Nevertheless, the observation was made that as specialists retired, or moved on, problems in the provision of a satisfactory service would arise.

It was agreed that as the specialists disappeared there would be great problems and, consequently, immediate consideration must be given to the way in which the services should be provided in the future.

The question of availability of specialist staff highlighted the quality of services throughout the country, and even within certain authorities. It was pointed out that, if you happened to live in one part of a city you could receive a better service than in another part of that same city.

We considered the importance of research, and it was pointed out that we make all sorts of assumptions, relating to work with the visually-handicapped, without identifying or understanding the real need. We felt, therefore, that we should make good use of research in our planning.

On the second evening, we looked mainly at the provision of social work services and it was felt that, at present, the basic grade Social Worker should be able to carry out the initial assessment.

We recognised that quite often Social Workers were unhappy about doing this, but we felt that through their training, they should be able to decide whether an individual needed just everyday visiting, or expert help.

To assist the Social Worker in the assessment of needs, it was recommended that the content of training, relating to the visually-handicapped, should be improved at all levels.

It was felt that the specialist worker had a most important contribution to make in supporting the Social Worker, by taking on cases when appropriate.

We considered the provision of group activities, and it was felt that these could be provided, either by the statutory agency itself or, perhaps more satisfactorily, in partnership with a voluntary agency.

We felt very strongly, that in providing the statutory services, careful consideration must be given to the importance of work of voluntary agencies.

We felt very strongly that in providing the statutory services, local authorities must recognise the contribution which voluntary agencies can make and, consequently, they must endeavour to co-operate with them, use their facilities, and as a result, provide a more effective service for the visually handicapped.

LEISURE

Mrs. Jo Deaper, County Secretary,
Hampshire Association for the Care of the Blind

We agreed that it was a good thing to promote and encourage stimulating and challenging activities for the visually-handicapped, respecting their individual wishes and not expecting somebody who was not a sportsman before losing his sight to turn into one afterwards. Public attitudes would need to be changed, particularly those of people involved in arranging activities, such as managers of leisure centres and instructors, so that the aim of helping people to be independent could be achieved.

Leisure departments, centres and colleges should be used by both individuals and groups. We wondered if the training of leisure department managers included any section on handicaps. Different problems and different opportunities would be

met in every area, large or small, urban or rural, and opportunities should be seized as they occurred.

We stressed the importance of the individual level of encouragement – by individual volunteers and social workers to individual handicapped people! We also stressed the importance of helping people to integrate through these activities and to retain interests they had before losing their sight. We suggested people should be put in touch with their local branch of British Sport for the Disabled and, where appropriate, BASRAB.

We talked about the problem of youngsters, which mainly applied only in the holidays, when time hangs very heavily. We talked about the problem of finding the youngsters, which was sometimes very real, but they should be identifiable through education or special schools advisers.

On the subject of organised activities, we agreed that a sort of taster course was probably the answer, giving the chance to have a go at something and for people to find out what they wanted to do with no particular pressures on them. Who would run them would depend on who was available locally and it would probably be more of a voluntary than a statutory function, although Mobility Officers might well be involved. We expected that the visually-handicapped would wish – and they should be encouraged – to pay for their pleasures and leisures wherever possible; but we recognised that transport was often an immense problem with which practical and possibly financial help should be given.

These activities we thought were particularly appropriate: swimming, bowling (particularly in sighted clubs), rambling, hiking, camping, horse riding, tandem cycling, sailing, canoeing, climbing, skiing, archery and car driving. We touched on competitive games like athletics, cricket and football, which the minority could enjoy through BSAD and BASRAB.

The objectives of these activities were to help people to gain confidence, increase mobility, make friends and, of course, occupy their time. We did not neglect indoor activities – we acknowledged there was still and would always be a need for the "tea and buns" type of club for the blind. We thought that most elderly people responded to stimulation in spite of their age. Decisions about club programmes should really be made by the members themselves. Indoor activities to be encouraged were: chess, competitive card games and dominoes, darts, skittles, quizzes, dancing, singing (choral singing in sighted choirs), music in all its forms, and drama to help people to develop the confidence to join sighted drama clubs if they wished to do so.

Summing up, we felt that there should be options and choices with no pressure put on people. They should be encouraged to do what they wanted, having found out what they could do, with as much participation as possible by the blind in organising leisure activities, and as much integration into sighted groups as people want.

EDUCATION

Mr. J. Benoy, Development Officer,
Services for the Visually Handicapped,
Northamptonshire Social Services Department

We did briefly during the first evening relate ourselves to the Warnock Report as far as our limited understanding of it was able to take us and we got into our usual

argument of integrated education as opposed to specialist education establishments; but we felt this was rather non-productive, so we moved on and decided what we could usefully discuss were the needs of the visually-handicapped, going through the process of education to include the pre-school child and we agreed that a multi-disciplinary approach was necessary here, involving Social Services, Education and Area Health. As it states in the Warnock Report, there is need for a key worker or a named worker as they put it, to relate to the child or young adult, right through its young life and this need not necessarily be the same person. For every case, it may vary from Health Visitor to Social Worker, Teacher or even parent. We felt too that regular reviews were highly important throughout the child's life, similar in pattern to the reviews for children in care.

We then moved on to consider the first group and that was the pre-school child. We felt it was most important to have early identification of the visual handicap and any other handicaps. In this context it would be very necessary to work towards the education and greater awareness in the medical profession, in particular, among paediatricians, ophthalmologists and General Practitioners. We thought it very important that there should be a counselling service available to the parents to cope with this very considerable problem about which they knew little or nothing. Parents properly counselled could well become a resource in terms of becoming counsellors themselves. We felt that the pre-school child was better to remain in the home setting, but that it should integrate into a day unit for children – its first taste of integration.

We then moved up to the school age range, here again we got into discussion of integration and special education. We did not feel that we could commit ourselves into recommending a policy of total integration at this stage because we did not think there was enough evidence that the visually-handicapped child would have access to better academic education, although there were obvious social benefits. However, we believe that given that teachers possess the necessary techniques, that there is outside support in terms of mobility training and additional social training and that equipment and aids are made readily available, then integrated education should be made available to visually-handicapped children, certainly during part, if not the whole, of their school life.

We felt that there was still at present a role for the special school, but this may well be a changing role, taking not all visually-handicapped children, but some visually-handicapped children for some period of their education. In these establishments we felt that the pupil should be given every opportunity to integrate more fully into the community and with their sighted peers.

We felt that there was a special problem for the school leaver, particularly for the school leaver from a residential setting. We felt that there should be intensive involvement for a period of two years prior to leaving school and two years after leaving school, in order that the transition for the child and the family should be as smooth as possible and the crises which now occur quite often could be avoided. The child should be able to get the proper advice on career prospects and prospects for future training, further education and for leisure time and social pursuits.

Moving on to further and higher education, we felt that opportunities for visually-handicapped people – both congenitally blind and adventitiously blind – should be greater. They should be encouraged to take up further education, although we recognised that for many there were considerable difficulties here, because of the rebuffs they receive when they endeavour to integrate into this type of setting. We thought that the staffs of these establishments should be better equipped to cope with visual handicaps – and indeed with all forms of handicaps

and that there should be easy access to the necessary aids and equipment; to achieve this it was important for Social Services and Education to get together. It is important that the special techniques necessary should be included within the training of the teacher.

FIELDWORK

Miss M. E. Guest, Adviser for the Visually-Handicapped, Derbyshire Social Services Department

Fieldwork was a subject that was interesting. There were ten of us in the group and we started by finding out what type of fieldwork services was given in each of the authorities that we represented. We found that it was very fragmentary, that it differed enormously and we felt that we ought to have a look at training. Since the whole seminar has as its title, 'Planning, Training and the Provision of Services to the Visually-Disabled', we decided that we should look to proper training so that the fieldwork could be carried out adequately.

We are quite happy with the training of the Technical Officers, we think that they are doing a good job. We are quite happy with the training of the Mobility Officers, we think that they too are doing a good job. We are not quite as happy with the training of the Social Worker, because nowhere do the needs of the visually-handicapped come into their training!

In the immediate future we ought to have a composite course for a Technical Officer and Mobility Officer – the two courses to be merged and some sort of single animal come out of it – a Rehabilitation Officer(?). We felt that ideally we should like some social work input into the course, but we felt that this might not be attainable at the present time. We would like a certain amount of input to be put into the ordinary Social Workers' course, because we thought that whoever did the initial visiting ought to be aware of what a BD8 is, what a BD8 means, have an understanding of the actual visual problems that a person was suffering at that time, as well as being aware of the stresses and strains of both him and his family. There should be somebody in the team with whom to discuss difficult situations and to give the necessary supervision (and to take over if thought appropriate).

The Rehabilitation Officer must also have the answers – probably not the social work answers – as the purist CQSW holder might have – but the practical answers to help the visually-handicapped person to overcome his immediate needs and to offer the services which you all know – teaching of Braille, teaching of Moon, typewriting – all the various communication skills, as well as the aids to daily living and mobility. But we felt that this could only be given at the right psychological moment, so that the individual should have an awareness of when the visually-handicapped person was ready to accept the training and to allow him that short period of mourning which sometimes lengthens into weeks or months. It varies enormously and we thought that the individual has got to be aware of the right moment.

In the period following registration, visiting must be done regularly, and according to the individual's needs. We ought not to have a whole lot of people battering on the door to get in, but we ought to have one composite person who is able to bring him the help that he needs. We felt that the training for this person could be done in a well planned academic year. We didn't think that this would be

the ideal solution, but we did think that the individual who came out from this course of training could perform a useful duty. Moreover, we did think that the CCETSW might accept that as an immediate goal, with social work added on to make it a two year course at some time in the not too distant future.

We took account of the fact that hitherto visually handicapped people have worked as SWOB's and Technical Officers but would not be able to undertake Mobility Training. As an alternative, perhaps a module on management would be appropriate. They would, of course undertake any Social Work Training deemed to be required.

Conclusions

Mr. Robert Greenhalgh, Principal, Employment Rehabilitation Centre, Torquay and Vice-Chairman, Partially Sighted Society

If social services departments and voluntary agencies are to meet the needs of the blind and partially-sighted in the future we must reject "all our yesterdays" and concentrate on "tomorrows world". In some ways it is unfortunate that there is a great tradition in the field of work with the visually-handicapped as it has imposed restrictions on our thinking. We have spent too much time thinking of what used to be, and too little in thinking about what could be. There is no doubt that in the days of home teaching there were good Home Teachers and there were poor ones – but equally there is no doubt that in general the service created dependency for the client whether he wanted it or not.

The days of home teaching will not return and we must not confuse our planning with what might have been. Todays services are provided by Local Authority Social Services Departments and national and local Voluntary Agencies. It is their present and future structure and potential which is important.

Social Services Departments tend to have three kinds of priorities. Firstly imposed priorities resulting from legislation such as that for the care of children and the care of the mentally ill. Secondly there are priorities which result from the particular interests of the Director – he may be interested in the problems of adolescence or homeless families. Thirdly come the rest of the problems covered by the umbrella of social services. In almost every case the problems of the visually-handicapped come into the third group of problems. We should make every effort to move it into second position.

Trained and experienced manpower resources are scarce in our field and we must therefore plan the use of these resources so that the optimum service is provided for the visually handicapped group. The total need cannot be satisfied with the provision of practical services or monetary services, though it has often been thought that this was the case. The provision of aids, money and teaching services only fulfil a partial need. There is a need for a professional social work service. It is therefore important to identify what is the social work task and what is the social service task. In very general terms I suggest that we differentiate between the tasks which are involved with intrapersonal relationships and the intrapersonal problems of the individual – the social work task, and those tasks which involve the teaching of a skill such as mobility, braille or daily living skills – the social service task. The two types of task require very different skills from the

worker and consequently require different kinds of training. We must not assume that someone who has been trained for a social work task can undertake social service duties successfully, nor must we assume that someone who has been trained as a social service worker can function successfully in a social work role. Many Social Services Departments are appointing social service workers and expecting them to be the fountain of all knowledge as far as visual handicap is concerned – and in many instances expecting a social work function. This path will lead to the devaluation of the specialist task.

It has become clear that in the future, training within social services for the majority of workers will come under the range of courses which are the concern of the Central Council for Education and Training in Social Work. There has been much adverse comment about the Council, but in my view there is no other way to assemble a wide range of expertise from practice and the education fields and a commitment to the task of maintaining and improving the standards of social work and social service practice throughout the country. The Council undertakes a difficult task with very little reward. The Certificate of Qualification in Social Work is well known as the basic qualification for that particular task. The Certificate in Social Service is not as well known and is still developing its potential. The philosophy of the CSS has been well advertised in many professional journals, and it is to be hoped that the present course for training Mobility Officers and Technical Officers will be incorporated within the schemes. I think that the CSS has a very exciting future. There is the possibility of a qualification which can be developed continually to add additional areas of expertise to the basic one. There is also an exciting opportunity to develop post-qualifying studies to both the CQSW and the CSS. I urge workers, local authorities and voluntary agencies to place their faith in these schemes and build a dynamic pattern of training for the future.

It is fair to say that there are flaws in the schemes as they stand at the moment. All workers in the personal social services need to know something about handicap, and there is a dearth of knowledge imparted in many of the schemes at present. That can be changed. It is only by imparting knowledge about handicap at an early stage in training courses that students will be stimulated and encouraged to consider specialism in the future. It seems to me that local authorities are once more becoming aware of the importance of specialist knowledge, and it seems clear that when the range of responsibilities is narrowed for any particular worker, the commitment of that worker becomes greater.

The role of the specialist in a Social Services Department is probably on the second tier. The specialist should not deal with every individual client who presents some kind of specialist problem. He should be able to act as a resource person for the Department, helping other workers to become aware of specialist needs.

We should help to define service needs by using goal setting exercises. Rarely do we consider whether the kind of service we are providing is geared to meet the real needs of our clients. We tend to provide a service in a particular way because tradition dictates. We need to be aware that the needs of our clients change and the needs of our community change. Perhaps we should be wondering whether the teaching services for visually-handicapped people – Braille, Moon, typewriting, mobility – should be provided through further education services. Should rehabilitation be provided through the National Health Service? Should there be a combination of a domiciliary based service and in institution based service? How can we help visually-handicapped people to function successfully in a society which has increased leisure time? How do we define that difficult question of "integration"? How can we develop career paths for visually-handicapped people in

employment? Traditionally, visually-handicapped people have been placed in employment, but often the job has been boring, repetitive, and without promotion prospects. Surely we should be considering work which offers interest, intellectual stimulation, planned training and good career prospects.

It is often assumed that because an individual is placed in a "deprived" group – the blind, the deaf, the physically-handicapped – that he will need a range of specialised services. When someone is registered, for instance as a blind person, a number of statutory and voluntary bodies move into action to provide their particular brand of service. Individuals who do not make full use of the services are seen as isolates, as badly adjusted individuals, or as troublemakers. We must remember that all the services – social, health, employment – are for support not direction. The individual must be able to choose whether or not he wishes to avail himself of these services. We must not impose them upon him.

It is becoming apparent that the future service will only function effectively using a multi-disciplinary approach. The individual's needs can only be serviced by a team. No single worker can provide the whole range of necessary services. In the case of people with a visual handicap this team might include an ophthalmologist, a social worker, a rehabilitation officer, an employment specialist, a psychologist and so on. There is a great need to break down the barriers between disciplines so that workers in each field can begin to consider their roles in the perspective of other disciplines.

"Welfare" has a place within the provision of social services, and this is probably the function of voluntary agencies. However, we must move away from the idea that voluntary agencies are competing with local authorities. Both have a role to play and each can make a substantial contribution in the provision of services for the visually-handicapped. There is an enormous cash resource within the voluntary sector and if it is used well the visually-handicapped will benefit. If it is used merely as a tool to foster competition then the service will regress.

The voluntary sector is ideally placed to promote voluntary visiting services to ensure that people who require regular social contact receive it. The agencies are in a good position to provide specialist residential homes for the visually handicapped, and it would seem particularly appropriate for them to make some provision for that group of people with secondary handicaps and whose needs receive scant attention at the present time. Social centres and handicraft classes have a place in social service provision, and again it is the voluntary agency resources which can best service this kind of venture.

The voluntary sector should point the way to future service provision. There is an ideal opportunity to help newly registered visually-handicapped people integrate into a normal society rather than offering them a service which relies on contact with other visually-handicapped people. I am not decrying the benefit of visually-handicapped people learning from each other, I am simply pointing out that it is unwise for the service to be biased too strongly in the direction of the visually-handicapped group. Voluntary agencies should develop a service which is not dependency creating from the clients point of view, and a service which fits in with the philosophy and framework of the Social Services Department. In other words local voluntary agencies and national voluntary agencies should try to be involved in the main stream of social service provision. I am not suggesting that the voluntary agency should be the servant of the local authority, but in any partnership there needs to be a willingness for compromise on both sides. It would be unhealthy for social service provision in this specialist field if the Social Services Departments or the Voluntary Agency became the dominant partner, able to work in a monopolistic way.

Social Services Departments are often working under a legislative framework which obliges them to provide certain facilities for visually handicapped people. An important function of the Voluntary Agency is to ensure that the obligations are fulfilled, and it may be that a voluntary agency could enter into an agency agreement with the local authority so that some of the duties could be delegated or at least carried out in full partnership. Voluntary agencies have the time, the commitment, and the experience to campaign for improved facilities for visually-handicapped people, and to monitor new techniques, apparatus and innovations which might be helpful to people with a visual handicap.

Social service work and social work with visually-handicapped people is an exciting and dynamic field. If we approach present problems with enthusiasm and imagination we can contribute greatly to the development of a far reaching and comprehensive service for the visually handicapped in the future.

Final Discussion and Recommendations

Most of the discussion had training needs and delivery techniques as a focus. There was clear agreement that the present training facilities were inadequate: that Social Services Departments were unlikely to appoint specialist workers in sufficient numbers if the range of specialist skills available to a single worker was narrow. Equally, there was agreement that the present level and range of services to visually-handicapped clients was inadequate, and in some cases inappropriate.

It was suggested that the present course for training Mobility Officers and the ones for training Technical Officers should be brought together so that a worker could take a series of modules to make him a complete Rehabilitation Officer. There was some objection to this on the grounds that it would exclude visually-handicapped people from this training – visually-handicapped people may not train as Mobility Officers. However a modular structure would allow a visually-handicapped person to take an alternative to the mobility module and still qualify as a Rehabilitation Officer. The primary consideration must be how to deliver services effectively and how to train people to cope with this delivery. A system should not be created so that it allows visually-handicapped people to participate in training if that system is inefficient. But, if a system can incorporate visually-handicapped workers then that must be a bonus.

The following points were made by individuals at the Conference:

The interest of the CCETSW –

"I know that the CCETSW is involved in trying to determine what kind of worker could be the most appropriate one to deal with assessments and which one would be the most appropriate to serve the continuing needs."

"The people responsible for the philosophy that lies behind education in social work, see the social work task for the visually-handicapped (and anyone else) coming from a fully qualified CQSW person."

"I support the idea of a special option on the CSS course and also of one for CQSW holders."

The overlap –

"I would like to see . . . a combined course and also (in it) an element of basic

human growth and behaviour . . . the question of relationships in the problems of blind parent and sighted children or vice-versa . . . fears of going to an ordinary school, fears of having to go to a special school . . ."

"There is an overlap and people should not feel threatened when they realize that there is this overlap."

"There must be a certain input of social work so that the person trained knows the point at which he has to call for the intervention of a social worker."

One animal –

"I propose . . . that there should be an early setting up of a form of training to combine the functions of the Technical Officer and the Mobility Officer within one role of Rehabilitation Officer."

"We call them Rehabilitation Officers because that is what they do: it is *not* what they have been trained to do. Fortunately they have the common sense to add to their skills from their experience . . . by the grace of God, but I should not have to rely on the grace of God!"

"Fortunately we have been able to appoint a Mobility Officer who was formerly a Home Teacher."

"I am using three senior Occupational Therapists as 'Rehabilitation Officers' . . . ultimately our objective should be a professionally trained worker to provide professional services for the visually-handicapped."

"I think the visually-handicapped need a single worker and are only confused by three or four different people going in."

"The officers time . . . is being wasted if *two* people who are going in have got to establish a relationship with the same client."

"What I am after is one technical person rather than two."

"From the point of view of my own authority, there would be much more sympathy to employing a Rehabilitation Officer – one animal rather than two – it would be much less confusing for Social Workers . . . and much less confusing for the client."

But –

"I feel that this is going to meet with opposition from the organisations *of* the blind because mobility is outside the scope of a blind person . . . this is going to close yet another avenue of employment for blind people."

"When you make up your minds be careful that you do not alienate the people that you are going to work for."

The greatest good for the greatest number –

"Surely the organisations of the blind and all of us are trying to work out something which is of the greatest good for the greatest number of handicapped people and if in doing so we disappoint a few on the employment side, it is far outweighed by the principle of the thing."

"I agree . . . we have to consider the good of the blind community generally."

and –

"I would feel perfectly competent myself to go out and explain to another blind person exactly what emotions are passing through my mind as we go along . . . if someone is overtaking you, he is coming up from behind, it is very disturbing: if you can explain this sort of thing – how it is worrying you – then it tends to put the other person at his ease."

Money –

"I do not see a local authority being prepared to employ two, three or four people with narrow specialisms. We got a Mobility Officer after a long battle: no way do I see myself getting a Technical Officer as well. If we could have both in

one body, we should have a better chance of providing a service."

"I do not think that you are actually going to reduce the number of bodies on the ground by combining two into one animal."

"I think that resources would demand that training as done now could really only be done in one course or one flexible form of course or courses which incorporate all of it."

"I have not been able to persuade the Authority to fix a Technical Officer's salary at the same rate as . . . the basic rate for an Occupational Therapist. One of the reasons . . . is the length of training and range of expertise that the Technical Officer has as against the Occupational Therapist – a three years training."

"If we get a Rehabilitation Officer because of the length of training and the nature of the skill, we should be on a much better footing to argue for him being on the right salary scale . . ."

"Because we sent our Mobility Officer on the Technical Officer's course, we have now persuaded our Authority that there should be a linked scale."

The situation now –

"What worries me is the non-service now. You are urging Voluntary Associations to get on with it. In a way Voluntary Associations can go back tomorrow and start. That will only increase the gap between what they see they are doing and what they see Social Services Departments are doing. *We must fill that sort of gap in training.* I know there is opposition here but I would hope that we can pursue this question of amalgamating the two courses."

(The Chairman's proposal that this should be recommended was carried by acclamation.)

It was unanimously agreed that research is required to assess current needs and the methods employed to meet them. Visually-handicapped people have been neglected since the Home Teaching service was largely discontinued. No real attempt has been made in recent years to establish how the needs of the visually-handicapped can best be met. What services are required? How many field-workers are needed? How can services best be delivered?

These are important questions and there must be an urgent attempt made to find the answers.

POSTSCRIPT

Subsequent negotiations with the National Mobility Centre and the North Regional Association for the Blind have led to a decision, made between those two bodies and the Southern and Western Regional Association for the Blind, that plans should be prepared for a joint training course for a Rehabilitation Officer as an independent special option within the Certificate in Social Service. This planning has the approval and the active support of the Central Council for Education and Training in Social Work. The first meeting for this purpose was held at the National Mobility Centre in March 1979.

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